

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GLENN E AARON, SR
P.O. BOX 146
BOYCE, LA 71409

Operator ID: 25646
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID ABADIE
113 ST NICOLAS STREET
LULING, LA 70070

Operator ID: 7320
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARK C ABSHIER
402 AYCOCK
STE C
ARABI, LA 70032

Operator ID: 6041
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KEVIN D ABSHIRE
1506 N 4TH ST
GUEYDAN, LA 70542

Operator ID: 11897

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSEPH T ABSHIRE
P O BOX 1394
PORT BARRE, LA 70577

Operator ID: 37787
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NEWTON J ABSHIRE
POST OFFICE BOX 818
ELTON, LA 70532

Operator ID: 5
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JILL N ACHEE
7551 LITTLE VALLEY DR
GONZALES, LA 70737-8175

Operator ID: 5832
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DEAN E ACKERMAN
244 SOUTH RIVER ROAD
PORT ALLEN, LA 70767

Operator ID: 31546

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MITCHELL T ACREE
1350 GRAMMONT ST
MONROE, LA 71201

Operator ID: 7859
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

NICOLE M ADAMS
107 SUTHERLAND RD
LAKE CHARLES, LA 70611

Operator ID: 10010

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JIMMY W ADAMS
169 CAPLES RD
W MONROE, LA 71292

Operator ID: 11639

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JODY J ADAMS
107 MAIN STREET
CITY OF FRANKLIN
FRANKLIN, LA 70530

Operator ID: 14

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAMON B ADAMS
3412 LAKE TRAIL DRIVE
METAIRIE, LA 70003

Operator ID: 15
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID J ADAMS
121 W BROUSSARD STREET
CHURCH POINT, LA 70525

Operator ID: 18106
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAY ADAMS
2729 RAMSEY DR
NEW ORLEANS, LA 70131

Operator ID: 19
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RUFUS P ADAMS
P O BOX 10
COLUMBIA, LA 71418

Operator ID: 20
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEPHEN H ADAMS
4005 CHESNUT STREET
MARRERO, LA 70072

Operator ID: 25647

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARGIE P ADAMS
7001 LAWRENCE RD APT 102
NEW ORLEANS, LA 70126

Operator ID: 32506
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHARLES W ADAMS, JR
P.O.BOX 1907
SILBEE, TX 77656

Operator ID: 36498
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JON MADAMS
205 DEL REY DR
WEST MONROE, LA 71291

Operator ID: 39050

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARY T ADAMS
63064 MAIN STREET
VERNADO, LA, LA 70467

Operator ID: 5103
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LOUIS E ADAMS
63064 MAIN STREET
VARNADO, LA 70467

Operator ID: 6002
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WARREN J ADAMS, JR
POST OFFICE BOX 261
CENTERVILLE, LA 70522

Operator ID: 6105

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID O ADAMS
1226 CARNATION ST
SLIDELL, LA 70460

Operator ID: 7157
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD G ADAMS
1314 BREWSTER AVENUE
RUSTON, LA 71270

Operator ID: 7512
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER PRODUCTION 3	20.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DERRICK P ADICKES
5815 ANDRUS COVE
CEMETARY RD
JENNINGS, LA 70546

Operator ID: 39214

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

WATER PRODUCTION 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LINDSEY ADKINS
82153 COLUMBIA RD
BUSH, LA 70471

Operator ID: 7424
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NEIKITA O AGE
1404 HOWARD AVE
METAIRIE, LA 70003

Operator ID: 12286
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHRISTOPHER D AGOSTA
4717 WOODLYN DR
BATON ROUGE, LA 70816

Operator ID: 29166
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANNY L AINSWORTH
222 MISTY BROOKE ROAD
TROUT, LA 71371

Operator ID: 27506
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH T AKINS, JR
1705 BUTLER HILL ROAD
BENTON, LA 71006

Operator ID: 39
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHRIS A ALARIO
POST OFFICE BOX 33
MATTHEWS, LA 70375

Operator ID: 7626

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 4

20.00

WATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DEVEN J ALBERT
135 MADELINE ST
THIBODAUX, LA 70301

Operator ID: 11764

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 4

20.00

WATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VERDA M ALBIN
P O BOX 70
SPRINGFIELD, LA 70462

Operator ID: 21086
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RANDALL E ALBIN
35893 WEISS RD
WALKER, LA 70785

Operator ID: 38830
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SCOTT A ALBRITTON
755 OLE HWY 15
LOT 75
WEST MONROE, LA 71291

Operator ID: 27766
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

FLOYD ALEJANDRO
PO BOX 723
SIMMESPORT, LA 71369

Operator ID: 8527

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

REED A ALEXANDER
852 MARJORIE CT
LAPLACE, LA 70068

Operator ID: 12009
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANA P ALEXANDER
18981 MC HUGH ROAD
ZACHARY, LA 70791

Operator ID: 12926
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ETHEL M ALEXANDER
253 RANDOLPH DR
LAFAYETTE, LA 70501

Operator ID: 32507
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RODNEY D ALEXANDER
75041 BONNIE LANE
COVINGTON, LA 70435

Operator ID: 35546

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD W ALEXANDER
1548 CURTIS ST
HARVEY, LA 70058-2415

Operator ID: 44
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DALE J ALEXANDER, JR
1539 TROPIC DRIVE
NEW ORLEANS, LA 70131

Operator ID: 49

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

WATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEROME ALEXANDER
1090 DALFREY RD
BREAUX BRIDGE, LA 70517

Operator ID: 7329
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CASSIE J ALEXANDER, JR
1173 CECIL WATKINS ROAD
ARNAUDVILLE, LA 70512

Operator ID: 9252
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CYNTHIA M ALEXANDER-DERBIGNEY
812 PELERIN STREET
JEANERETTE, LA 70544

Operator ID: 35066

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

WATER PRODUCTION 2

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PHILLIP D ALFORD
40325 HONEY ISLAND SWAMP
PEARL RIVER, LA 70452

Operator ID: 52
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANGELO A ALIMIA
24850 DIAMOND RD
PORT SULPHUR, LA 70083

Operator ID: 33946
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THERESA J ALIMIA
105 BROAD ST
BELLE CHASSE, LA 70037

Operator ID: 37427
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN S ALISE
POST OFFICE BOX 92
WAKEFIELD, LA 70784

Operator ID: 9625
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ADAM J ALLDAY
371 ANNA ST
AMA, LA 70031

Operator ID: 36286

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KIM D ALLEMAN
836 AUSTRIA RD
DUSON, LA 70529

Operator ID: 60
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LYNN J ALLEMAN
PO BOX 150
MAIL ROUTING BLDG 8010
PLAQUEMINE, LA 70765-0150

Operator ID: 7642
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JARED J ALLEMAND
242 CHATEAU DRIVE
LOCKPORT, LA 70374

Operator ID: 5941
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MATTHEW P ALLEN
10561 SPRINGGLEN COURT
BATON ROUGE, LA 70810-0747

Operator ID: 11625
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOYCE B ALLEN
11022 COON ROAD
BATCHELOR, LA 70715

Operator ID: 12486
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BOBBY L ALLEN
9245 CARTER CIRCLE
DENHAM SPRINGS, LA 70726

Operator ID: 42739
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM H ALLEN
POST OFFICE BOX 5337
BOSSIER CITY, LA 71171

Operator ID: 5668
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL A ALLEN
POST OFFICE BOX 684
FARMERVILLE, LA 71241

Operator ID: 65

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CARLTON J ALLEN
7441 DALEWOOD RD
NEW ORLEANS, LA 70126

Operator ID: 6691
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMIE V ALLEN, SR
12398 JIM BABIN ROAD
ST. AMANT, LA 70774

Operator ID: 7161
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRANDON P ALLEN
17050 BENTONS FERRY AVE
GREENWELL SPRINGS, LA 70739

Operator ID: 7854
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRAD S ALLEN
9249 HUNTINGTON AVENUE
DENHAM SPRINGS, LA 70726

Operator ID: 7855
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES L ALLEN
226 HULEN ALLEN ROAD
RAYVILLE, LA 71269

Operator ID: 8145
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROSA M ALLEN
326 EAST WASHINGTON STREE
SHREVEPORT, LA 71104

Operator ID: 8146
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 3

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT E ALLEN, JR
11022 COON ROAD
BATCHELOR, LA 70715

Operator ID: 9651
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

NATHAN F ALLISON
79182 DAVIDSON RD
FOLSOM, LA 70437

Operator ID: 20706

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BLESSING C AMADI
2528 GATES CIRCLE #16
BATON ROUGE, LA 70809

Operator ID: 27906
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JUAN R AMBERT
70379 F STREET
COVINGTON, LA 70433

Operator ID: 34607
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH J AMEDEE
P O BOX 226
ROSEDALE, LA 70772

Operator ID: 6403
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HADI AMINI
PO BOX 24024
NEW ORLEANS, LA 70184

Operator ID: 80
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 3	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CAILEB M ANCAR
P O BOX665
PORT SULPHUR, LA 70083

Operator ID: 33966
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARCELIN T ANCAR
PO BOX 526
PORT SULPHUR, LA 70083

Operator ID: 5790
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARK ANDEL
534 OAK ST
MANDEVILLE, LA 70448

Operator ID: 30793
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RANDY E ANDERSON
6213 HWY 4
JONESBORO, LA 71251

Operator ID: 10989
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TONY J ANDERSON
220 WALNUT ST
COVINGTON, LA 70433

Operator ID: 11850

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JEFFERY R ANDERSON
113 HAYMARKET CT
BOSSIER CITY, LA 71111

Operator ID: 29826
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EDD ANDERSON, III
10137 CANYON OAKS DR
KEITHVILLE, LA 71047

Operator ID: 36651
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LORETTA L ANDERSON
135 JOY DRIVE
MANSFIELD, LA 71052

Operator ID: 36808

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER TREATMENT 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BILLY J ANDERSON
1018 THERIOT ROAD
LAKE CHARLES, LA 70611-6201

Operator ID: 39090

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN R ANDERSON, II
248 AIRLINE VIEW
FARMERVILLE, LA 71241

Operator ID: 40346
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILL W ANDERSON
11638 WILLOW OAK AVE
BATON ROUGE, LA 70815

Operator ID: 41322
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES H ANDERSON
450 DALZELL ST
SHREVEPORT, LA 71104-2322

Operator ID: 5674
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KING D ANDERSON
709 NELLIE STREET
PINEVILLE, LA 71360

Operator ID: 6995
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD E ANDREPONT
306 FACILE ROAD
SCOTT, LA 70583

Operator ID: 5003
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TAMMY Y ANDREWS
8136 SKYSAIL AVE
BATON ROUGE, LA 70820

Operator ID: 11832
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SCOTT A ANDREWS
135 BARNARD CIR
HAUGHTON, LA 71037

Operator ID: 21606
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HAYWARD ANDREWS, JR
4487 OAKMOSS LN
BATON ROUGE, LA 70812

Operator ID: 5048
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL J ANGE
PO BOX 19013
LAKE CHARLES, LA 70616

Operator ID: 10890
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SAM A ANGE, JR
PO BOX 19013
LAKE CHARLES, LA 70616-9013

Operator ID: 10891
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JULES A ANGELLE
PO BOX 11
CECILIA, LA 70521

Operator ID: 10990
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NEIL A ANGELLE
1087 NURSERY HWY
BREAUX BRIDGE, LA 70517

Operator ID: 30795
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RON ANIMASHAUN
P.O. BOX 921
NAPOLEONVILLE, LA 70390

Operator ID: 30826

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LAWRENCE ANTOINE
1261/2 B ELOI TRAHAN RD
LAFAYETTE, LA 70508

Operator ID: 7516
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MURPHY M ARCEMONT
1709 VICTOR II BLVD
MORGAN CITY, LA 70380

Operator ID: 113
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER TREATMENT 3	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TODD D ARCENEUX
211 CARENCRO STREET
CARENCRO, LA 70520

Operator ID: 10190
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT K ARCENEUX
7316 DANIELLE ROAD
NEW IBERIA, LA 70560

Operator ID: 115
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GREGORY PARCENEUX
P O BOX 5212
LAFAYETTE, LA 70502-5212

Operator ID: 118
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIE P ARCENEUX, JR
1710 S RICHFIELD RD
DUSON, LA 70529

Operator ID: 16246
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

EDWARD J ARCENEUX, JR
9234 LUCIEN ROAD
CONVENT, LA 70723

Operator ID: 7851
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT L ARDELEAN
2500 SHREVEPORT HWY
PINEVILLE, LA 71360

Operator ID: 12488
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRENT ARDOIN
PO BOX 1394
EUNICE, LA 70535

Operator ID: 121
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALLAN J ARDOIN
2303 JERLYN DR
DENHAM SPRINGS, LA 70726

Operator ID: 8759
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MELVIN P ARGRAVE
17045 ACADIA WAY
PRAIRIEVILLE, LA 70769

Operator ID: 5330
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JUSTIN J ARGUELLO
1100 N LEJEUNE
KAPLAN, LA 70548

Operator ID: 36447

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TROY J ARMAND
240 WEST CAPPEL ST
MARKSVILLE, LA 71351

Operator ID: 11641
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT A ARMAND, JR
P O BOX 93
GRAND ISLE, LA 70358

Operator ID: 32526
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROGER M ARMSTRONG
9496 HWY 157
HAUGHTON, LA 71037

Operator ID: 10991
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TOMMYE L ARMSTRONG
317 VENUS DR
LAFAYETTE, LA 70501

Operator ID: 14966
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN P ARMSTRONG
POST OFFICE BOX 5337
BOSSIER CITY, LA 71171-5337

Operator ID: 2874
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROOSEVELT D ARMSTRONG
1202 CARROLL ST
TALLULAH, LA 71282

Operator ID: 36668
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RICHARD W ARMSTRONG
PO BOX 522
HAMMOND, LA 70404

Operator ID: 40383

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TYLER W ARMSTRONG
PO BOX 522
HAMMOND, LA 70404

Operator ID: 40387
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JARRED B ARNOLD
720 REED STREET
EUNICE, LA 70535

Operator ID: 28347
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LUCIO C ARRAMBIDE
165 ERNEST LEMOINE RD
COLFAX, LA 71417

Operator ID: 36147
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JERRY WARRANT
423 CAPLES RD
WEST MONROE, LA 71291

Operator ID: 6239
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 3	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM R ARRANT
1955 CHINANOOK RD
ELM GROVE, LA 71051

Operator ID: 7558
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES H ARTHUR
145 SOUTH PARK DR
SLIDELL, LA 70458

Operator ID: 27586
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOHN W ARTIQUE, SR
7533 JACKIE CT
ADDIS, LA 70710

Operator ID: 134

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WASTEWATER TREATMENT 3

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VANTREVAS C ARVIE
143 AVE OF THE ACADIAN
APT#6
OPELOUSAS, LA 70570

Operator ID: 26006
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HENRY J ARY
PO BOX 580
MINDEN, LA 71058

Operator ID: 5786
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL G ASHBY
2020 BOBOLINK DRIVE
ST. BERNARD, LA 70085

Operator ID: 12326

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LARRY W ASHWORTH, JR
939 HWY 394
DERIDDER, LA 70634

Operator ID: 31006
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES A ATEs
P O BOX 647
BERNICE, LA 71222

Operator ID: 26566
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBBY W ATKINS
PO BOX 52466
SHREVEPORT, LA 71135

Operator ID: 12209
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BOBBY R ATKINS
44438 BOOKER II ROAD
HAMMOND, LA 70403

Operator ID: 138
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RENEE M ATKINS
331 SANTA ANNA DR
LAKE CHARLES, LA 70611

Operator ID: 24909
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIS M ATWELL
POST OFFICE BOX 658
JENA, LA 71342

Operator ID: 12506
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRANDON S ATWOOD
422 S MCMILLAN ST
CHURCHPOINT, LA 70525

Operator ID: 40471
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WALTER R AUBREY
306 MORGAN ST
SPRINGHILL, LA 71075

Operator ID: 10992
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT A AUCOIN
8655 DOUG WAX LANE
DENHAM SPRINGS, LA 70726

Operator ID: 141
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CARROLL J AUCOIN, JR
7448 HWY 1 SOUTH
DONALDSONVILLE, LA 70346

Operator ID: 150

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WASTEWATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BETTY M AUCOIN
7200 GREYWOOD DR
SHREVEPORT, LA 71107

Operator ID: 24247

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEITH A AUCOIN
16335 JAY RD
PRAIRIEVILLE, LA 70769

Operator ID: 26246
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RANDY G AUCOIN
2570 TUILERIE
LAKE CHARLES, LA 70615

Operator ID: 7955
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAMIAN F AUGUST
107 LUCY LANE
EDGARD, LA 70049

Operator ID: 12327
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RUDOLPH L AUGUST, JR
2644 GENERAL COLLINS AVE
NEW ORLEANS, LA 70114

Operator ID: 153
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID J AUGUSTINE
21404 HWY 26
JENNINGS, LA 70546

Operator ID: 10455

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KERMAN J AUSTER
1756 HIGGINBOTHAM HWY
CHURCH POINT, LA 70525

Operator ID: 156
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GORDON AUSTIN
545 KATHLEEN DR
PONCHATOULA, LA 70454

Operator ID: 157
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VAN G AUSTIN
1055 MULNIX SWITCH ROAD
ATHENS, LA 71003

Operator ID: 158
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH L AUSTIN
644 JEANSONNE ST
APT 1
GONZALES, LA 70737

Operator ID: 41485
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LESLIE J AUTTONBERRY
P O BOX 1062
STERLINGTON, LA 71280

Operator ID: 37767

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEITH E AUZENNE
788 FRILOT COVE RD
OPELOUSAS, LA 70570

Operator ID: 42082
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM E AVERETT
P O BOX 41268
BATON ROUGE, LA 70835

Operator ID: 37667
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GRANT D AVERY
P O BOX 12902
LAKE CHARLES, LA 70612

Operator ID: 168
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DONALD AVERY
226 SAN CARLOS CIR
LAFAYETTE, LA 70506

Operator ID: 22910

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

NICOLAS J AVET
5483 VICARI ST
HOUMA, LA 70364

Operator ID: 40002

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 4

20.00

WATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLYDE L AYCOCK
10556 HIGHWAY 146
DUBACH, LA 71235

Operator ID: 170
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LAWRENCE P AYMAMI
1209 MOISANT ST
KENNER, LA 70062

Operator ID: 40483
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NATHAN P AYME
443 PINE ST
NORCO, LA 70079

Operator ID: 26226
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ERROLL J AYMOND
1700 OAK MANOR
BUNKIE, LA 71322

Operator ID: 171

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LUFROI P AYMOND
POST OFFICE BOX 900
SIMMESPORT, LA 71369

Operator ID: 172
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEYON AZARNIA
5151 HICKORY RIDGE BLVD
BATON ROUGE, LA 70817

Operator ID: 37749
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANDREW W BABB
126 FACULTY DR
LAFAYETTE, LA 70506

Operator ID: 5183
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DARYL J BABIN
4611 RAMON LABAUVE
BRUSLY, LA 70719

Operator ID: 175
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TEDDY J BABIN
12277 JIM BABIN RD
ST. AMANT, LA 70774

Operator ID: 7170

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH E BABINEAU
688 CHAPMAN RD
FARMERVILLE, LA 71241

Operator ID: 7405
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RANDALL BABINEAUX
PO BOX 213
CADE, LA 70519

Operator ID: 179
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEPHEN V BACALA
1777 MADRAS DRIVE
BATON ROUGE, LA 70815

Operator ID: 8117

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

WATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

APRIL G BAIAMONTE
22404 OUAIL HOLLOW RD
LORANGER, LA 70446

Operator ID: 19946
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIE T BAILEY
8921 COLLINSTON
BASTROP, LA 71220

Operator ID: 11828
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GARY R BAILEY
1849 GOOS ROAD
LAKE CHARLES, LA 70611

Operator ID: 35026
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CARL J BAKER
6523 JOYCE STREET
ALEXANDRIA, LA 71302

Operator ID: 11852
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL J BAKER
1020 LEGER RD
BREAUX BRIDGE, LA 70517

Operator ID: 197
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JERRY W BAKER
2209 CLINTON ST
BOSSIER CITY, LA 71111

Operator ID: 201

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RYAN L BAKER
125 WEBRE DRIVE
THIBODAUX, LA 70301

Operator ID: 21046
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GLENN M BAKER
36626 PLANTATION BLVD
PRAIRIEVILLE, LA 70769

Operator ID: 26806
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOE BAKER
12254 LA MARGIE #189
BATON ROUGE, LA 70815

Operator ID: 40083
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DON E BALLARD
4409 SOUTH GRAND ST
MONROE, LA 71202

Operator ID: 37831
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES D BAMBERG
407 LESA LANE
STONEWALL, LA 71078

Operator ID: 214
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JESSE L BAMBURG, JR
523 TRAILS END
HAUGHTON, LA 71037

Operator ID: 16867
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VERNON BANKS
41224 HAPPYWOODS RD
HAMMOND, LA 70403

Operator ID: 218
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WENDELL R BANKS
7600 MALVERN DR
NEW ORLEANS, LA 70118

Operator ID: 35393
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MACK K BANKS
1415 LAWHORN ST
HOMER, LA 71040

Operator ID: 36505

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

EARNEST L BANKS
5419 OLD SLAUGHTER ROAD
ZACHARY, LA 70791

Operator ID: 36870

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

REGINALD R BANKS
3808 E BURTON
SULPHUR, LA 70663

Operator ID: 38912
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JESSICA R BANKS
7353 CHRIS LN
LAKE CHARLES, LA 70607

Operator ID: 41423
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RUSSELL BANKS
5837 EAST JUDGE PEREZ DR
CHELMETTE, LA 70092

Operator ID: 5979
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DERINDA S BANKS
2723 LONG BRANCH CIRCLE
SHREVEPORT, LA 71118

Operator ID: 6792
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GEORGE W BANKSTER
167 BEAU ARBRE
COVINGTON, LA 70433

Operator ID: 33666

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

WATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRANDON L BANKSTON
9393 MUNSON DRIVE
ZACHARY, LA 70791

Operator ID: 11791
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHAD M BANKSTON
39649 GAYLE ROAD
PONCHATOULA, LA 70454

Operator ID: 20046
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LAWRENCE A BANKSTON
2118 NORTH BUTTERFLY CIRC
GRETNA, LA 70056

Operator ID: 5471
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RANDALL E BANKSTON
28005 CHELSEA STREET
WALKER, LA 70785

Operator ID: 6290
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CONNIE R BANTA
3130 LIVE OAK DR
BRUSLY, LA 70719

Operator ID: 8498
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HEATH C BARCIA
3304 VOLPE
CHALMETTE, LA 70044-1278

Operator ID: 5952
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

HUBERT BARDELL
3852 W LA STATE DR.
KENNER, LA 70065

Operator ID: 10627
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH L BARDETT
POST OFFICE BOX 5337
BOSSIER CITY, LA 71171-5337

Operator ID: 228
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PATRICIA BARNABA
925 COUNTRY RIDGE ROAD
OPELOUSAS, LA 70570

Operator ID: 234
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICKEY D BARNES
192 PACE RD
DUBBERLY, LA 71024

Operator ID: 12211
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEISHA K BARNES
6610 19TH ST
MARRERO, LA 70072

Operator ID: 20286
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BILLY R BARNES
P.O. BOX 366
BLANCHARD, LA 71009

Operator ID: 24306
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TEDDY E BARNES
319 GOURD BAYOU RD
MONROE, LA 71202

Operator ID: 40476
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SCOTT R BARNETT
7125 CYPRESS STREET
WEST MONROE, LA 71291

Operator ID: 11215
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HOLLIS E BARNETT
45023 ROBIN TRAIL RD
ST AMANT, LA 70774

Operator ID: 242
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES E BARNETT
1665 LINTON RD.
BENTON, LA 71006

Operator ID: 243
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DEAN K BARR
908 NELLA ST
MINDEN, LA 71055

Operator ID: 29609
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEVEN J BARRAS
PO BOX 7126
SHREVEPORT, LA 71137

Operator ID: 247
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LARRY P BARRAS, SR
240 FLAMINGO ROAD
MORGAN CITY, LA 70380

Operator ID: 248
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANIEL J BARRILLEAUX, JR
3312 TIMBERLANE WAY
#153
HARVEY, LA 70058

Operator ID: 5608
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DIRK A BARRIOS
152 EAST 43RD STREET
CUT OFF, LA 70345

Operator ID: 252
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH BARROW
1638 ROCKSPRINGS BLVD
SHREVEPORT, LA 71119

Operator ID: 10711
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RUSSELL BARROW
POST OFFICE BOX 982
GRAY, LA 70359

Operator ID: 4986
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ARMOND J BARTH
2717 LEGEND DR
MERAUX, LA 70075

Operator ID: 31746
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TODD A BARTHELEMY, JR
228 LORRAINE DR
BELLE CHASSE, LA 70037

Operator ID: 36503
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL S BARTHELEMY
611 TUCKER AVE
JEFFERSON, LA 70121

Operator ID: 39690
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DWIGHT S BARTHOLOMEW
306 JEAN ST
HOUMA, LA 70360

Operator ID: 261

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ZACHARY S BARTHOLOMEW
120 BARHOLOMEW LANE
BURAS, LA 70041

Operator ID: 34986

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 2

20.00

WATER DISTRIBUTION 1

20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KEVIN S BARTHOLOMEW
POST OFFICE BOX 720
PORT SULPHUR, LA 70083

Operator ID: 5894
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SHAWN G BARTON
345 BEECH SPRINGS RD
MINDEN, LA 71055

Operator ID: 266
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSEPH E BASCO
2359 MC KEITHEN DRIVE
ALEXANDRIA, LA 71303

Operator ID: 11569

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHARLES H BASS
2021 INDUSTRIAL PK
BLDG W
ALEXANDRIA, LA 71303

Operator ID: 273
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEVEN D BASS
4019 OCTAVIA ST
NEW ORLEANS, LA 70125

Operator ID: 36509
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRUCE B BASS
620 AVENUE A
PORT ALLEN, LA 70767

Operator ID: 6407
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRYAN M BASTIAN
109 WEST 1ST HWY 18
EDGARD, LA 70049

Operator ID: 7455
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANGELINE BATEAST
407 ROSELAWN
HOUMA, LA 70363

Operator ID: 278
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRENT M BATEMAN
10514 STRINGER BRIDGE RD
ST AMANT, LA 70774

Operator ID: 11217
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES C BATES, JR
31328 SHANNON DR
LACOMBE, LA 70445

Operator ID: 10436
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL W BATES
3205 BLANCHARD RD
SHREVEPORT, LA 71103

Operator ID: 26567
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TAURUS C BATES
3442 SUNSET DR
SHREVEPORT, LA 71109

Operator ID: 26568
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES R BATES
4828 SIDNEY LN
LIVONIA, LA 70755

Operator ID: 7456
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LYNN B BATES
4702 PLANTATIONVILLAGE #1
NEW IBERIA, LA 70560

Operator ID: 8506
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEVEN K BATES
4702 PLANTATIONVILLAGE #1
NEW IBERIA, LA 70560

Operator ID: 8507
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARK D BATES
4426 TACOMA BLVD
SHREVEPORT, LA 71107

Operator ID: 8899
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD R BATISTE
1028 N PRATER
LAKE CHARLES, LA 70601

Operator ID: 18206
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ALBERETTA R BATISTE
603 DAPHNE DR
GONZALES, LA 70737

Operator ID: 19966

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CARDAIL L BATISTE
19909 WOMACK RD
BATON ROUGE, LA 70817

Operator ID: 41582
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSEPH E BATSON, III
POST OFFICE BOX 448
LACOMBE, LA 70445-0448

Operator ID: 286
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANTHONY BATTAGLIA, III
3301 GALAN DRIVE
KENNER, LA 70065

Operator ID: 8244
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TODD M BAUDIER
1148 TEAKWOOD DR
HARVEY, LA 70058

Operator ID: 32546
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSHUA L BAUDOIN
9905 HWY 339
ABBEVILLE, LA 70510

Operator ID: 11218
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL J BAUDOIN
3600 CORINNE AVE
CHALMETTE, LA 70043

Operator ID: 297
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRISTOPHER J BAUDOIN
9905 HWY 339
ABBEVILLE, LA 70510

Operator ID: 39882
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

NICHOLAS J BAUDOIN
9905 HIGHWAY 339
ABBEVILLE, LA 70510

Operator ID: 7893

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HUSTON R BAUM, II
PO BOX 220
GEORGETOWN, LA 71432

Operator ID: 7863
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRETT P BAYARD
3909 WEST CONGRESS
SUITE 101
LAFAYETTE, LA 70506

Operator ID: 24307
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SHIRLEY L BEALS
55 CARRIE MAY ROAD
DELHI, LA 71232

Operator ID: 10993
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GEORGE A BEARD
447 LIBERTY CREEK RD
LEESVILLE, LA 71446

Operator ID: 11573

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WINFORD T BEARD, JR
601 W RUSH ST
LINDEN, TX 75563

Operator ID: 33986
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TOMMY L BEASON
527 MATTOX ROAD
ANACOCO, LA 71403

Operator ID: 6410
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

HANNAH B BEATTY
761 ELMWOOD ST
SHREVEPORT, LA 71104

Operator ID: 42566

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 3

20.00

WATER TREATMENT 3

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EMILE N BEAUDEAN
3223 OLD SHED RD
BOSSIER CITY, LA 71111

Operator ID: 33987
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RICKY R BEAUREGARD
3426 SUGAR HOUSE ROAD
ALEXANDRIA, LA 71302

Operator ID: 10994
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRAD BEAVAN
6450 DOUBLE TREE DR
BATON ROUGE, LA 70817

Operator ID: 40262
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES R BEAVER
P.O. BOX 291
BASTROP, LA 71221

Operator ID: 36847
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID D BEAVERS
POST OFFICE BOX 64946
BATON ROUGE, LA 70896

Operator ID: 12526
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRIS BEBEE
22040 CARL HOPPE RD
IOWA, LA 70647

Operator ID: 309
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TERRY L BECHT
106 FERNWAY LANE
DUSON, LA 70529

Operator ID: 310
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANIEL G BECK
11555 ROBIN HOOD
BATON ROUGE, LA 70815

Operator ID: 314
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH R BECKER
2900 PEOPLES AVE.. ROOM 2
NEW ORLEANS, LA 70122

Operator ID: 317
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT C BECKER
3708 OUAIL MEADOW DR
BATON ROUGE, LA 70817

Operator ID: 36527
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEITH D BECNEL
13882 CLIFFORD ST
VACHERIE, LA 70090

Operator ID: 10657
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

THOMAS E BEDWELL
21017 VINCENT ACRES
DENHAM SPRINGS, LA 70726

Operator ID: 37971
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CLARENCE E BEEBE
P O BOX 292
HORNBECK, LA 71439

Operator ID: 18246
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID B BELL
POST OFFICE BOX 357
PORT SULPHUR, LA 70083

Operator ID: 330
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TROY E BELL
113 WARWICK DRIVE
MONROE, LA 71201

Operator ID: 35166
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN S BELL
401 DANIEL STREET
KENNER, LA 70062

Operator ID: 35526
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL I BELL
9300 MELISSA WAY
SHREVEPORT, LA 71115

Operator ID: 36729
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICCO A BELL
31119 HWY 438
FRANKLINTON, LA 70438

Operator ID: 39710
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALEX M BELL, SR
3365 JOYCE DRIVE
BATON ROUGE, LA 70814

Operator ID: 9130
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

IAN BELLARD
438 LEONIE ST
CHURCH POINT, LA 70525

Operator ID: 41122
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

REGNAL C BELLARD
106 RAYLAND STREET
LAFAYETTE, LA 70506

Operator ID: 6018
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROY E BELLEMIN
4513 WOODLAWN DRIVE
BALL, LA 71405

Operator ID: 11979
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

REBECCA N BELLEMIN
4513 WOODLAWN DRIVE
BALL, LA 71405

Operator ID: 25667
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

VICTORIA K BELLEMIN
4513 WOODLAWN DR
BALL, LA 71405

Operator ID: 37610

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HENRY BELLEZAIRE, JR
9528 MEADOWDALE
BATON ROUGE, LA 70811

Operator ID: 7150
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SONNY R BELLOTTE
POST OFFICE BOX 82566
BATON ROUGE, LA 70884

Operator ID: 8316
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JEROME L BELLOW
2217 18TH
LAKE CHARLES, LA 71601

Operator ID: 37832

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRIAN D BELSOME
2556 RIDGECREST RD
MARRERO, LA 70072

Operator ID: 36828
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES T BEN
1227 ANGUS RD
VILLE PLATTE, LA 70586

Operator ID: 31947
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GERALD V BENFATTI
109 CIRCLEWOOD COURT
SLIDELL, LA 70461

Operator ID: 340
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CARYN E BENJAMIN
36457 MANCHAC TRACE AVE
PRAIRIEVILLE, LA 70769

Operator ID: 11449

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEVE A BENJAMIN
36432 LAWRENCE ST
SLIDELL, LA 70460

Operator ID: 343
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRUCE E BENNETT
POST OFFICE BOX 790
PEARL RIVER, LA 70452

Operator ID: 12328
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DANNY S BENNETT
580 HWY 545
DUBACH, LA 71235

Operator ID: 25547

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CECIL K BENNETT
34699 OAK PLACE DR
DENHAM SPRINGS, LA 70706

Operator ID: 6228
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CARL W BENNETT, JR
33135 MACK ROAD
WALKER, LA 70785

Operator ID: 7311
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEVEN R BENOIT
504 BLISS STREET
LAKE ARTHUR, LA 70549

Operator ID: 24947
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SCOTT J BENOIT
380 ARTHUR LN
HACKBERRY, LA 70645

Operator ID: 26086
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT J BENOIT
1441 WEST VINE
EUNICE, LA 70535

Operator ID: 26726
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

AMANDA L BENOIT
1155 WEST 14TH ST
CROWLEY, LA 70526

Operator ID: 36967
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LLOYD H BENOIT, JR
356 FIRWOOD DR
HOUMA, LA 70363

Operator ID: 4987
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GERMAIN P BENOIT
1579 DUCHAMP RD
LOT#48
BROUSSARD, LA 70518

Operator ID: 6695
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014 **Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JACK D BENOIT
4008 MOSS ST
LAFAYETTE, LA 70507

Operator ID: 7324
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TOBY D BENOIT
1012 HWY 20
THIBODAUX, LA 70301

Operator ID: 7628

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 2	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THOMAS A BENSON
954 HWY 547
GRAYSON, LA 71435

Operator ID: 24406
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLEOPHUS BENSON
2747 ST ANN STREET
NEW ORLEANS, LA 70119

Operator ID: 5661
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SEAN L BENTON
74 HOLIDAY DRIVE
MONROE, LA 71203

Operator ID: 6599
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WALTER J BERARD
7001 BUNDY RD APT B20
NEW ORLEANS, LA 70127

Operator ID: 354
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRISTOPHER M BERGER
101 ASH LANE
THIBODAUX, LA 70301

Operator ID: 7844
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RICHARD P BERGERON, II
10303 SPRINGDALE AVENUE
BATON ROUGE, LA 70810

Operator ID: 11163

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSHUA D BERGERON
6655 EAST ACHORD
BATON ROUGE, LA 70817

Operator ID: 11644

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD J BERGERON
2121 HWY 654
GHEENS, LA 70355

Operator ID: 12246
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TERENCE P BERGERON
178 WISNER ST
PARADIS, LA 70080

Operator ID: 21666
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

FRANCIS B BERGERON
405 SOUTH DESTREHAN AVE
DESTREHAN, LA 70047

Operator ID: 360

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 4

20.00

WATER TREATMENT 2

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GARY G BERGERON
1655 STEEPLE CHASE LANE
NEW ORLEANS, LA 70313

Operator ID: 362
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DENNIS BERGERON
1204 MARTIN DR
MERRARO, LA 70072

Operator ID: 368
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LINTON B BERGERON
119 PLEASANT VALLEY DR
DES ALLEMAND, LA 70030

Operator ID: 37450

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PAUL J BERNARD
539 DUMONDE DRIVE
WESTWEGO, LA 70094

Operator ID: 371
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES B BERRY
110 HAYES STREET
LAFAYETTE, LA 70501

Operator ID: 10861
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JERRY BERRY
181 GREEN RD
DELHI, LA 71232

Operator ID: 381
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES R BERRY
11485 TRAILS FEB RD
OAK RIDGE, LA 71264

Operator ID: 42666
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHERYL P BERRY
22832 HICKEY CT.
ZACHARY, LA 70791

Operator ID: 5570

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WASTEWATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GLENN J BERTHELOT
6422 BUECHE RD
BUECHE, LA 70729

Operator ID: 10449
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KEVIN A BERTHELOT
301 E D'AMOUR
CHALMETTE, LA 70043

Operator ID: 36889
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES R BERTONIERE
15185 DT. STEWART RD
BOGALUSA, LA 70427

Operator ID: 26307
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROLAND BERTONIERE
831 PERCE BLVD.
BOGALUSA, LA 70427

Operator ID: 7402
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LARRY D BERTRAND
5233 LORRAINE STREET
ADDIS, LA 70710

Operator ID: 11443

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSH A BERTRAND
3116 SWANSON'S LANDING
KARNACK, TX 75661

Operator ID: 12213
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BEVERLY S BERTRAND
151 BESSIE ST
EUNICE, LA 70535

Operator ID: 18286
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GARY C BERTRAND
PO BOX 150
ROUTING BLDG 8010
PLAQUEMINE, LA 70765-0150

Operator ID: 385
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID F BERTRAND
9905 HWY 339
ABBEVILLE, LA 70510

Operator ID: 388

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MELVIN J BERTRAND, JR
1087 BAYOU ALEXANDER HWY
ST MARTINVILLE, LA 70582

Operator ID: 6413
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH J BERTRAND
414 MIKE DRIVE
PATTERSON, LA 70392

Operator ID: 8315
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID J BERTUCCI
1500 CUTTYSARK COVE
SLIDELL, LA 70458

Operator ID: 392
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALLEN R BEST
136 HWY. 855
DELHI, LA 71232

Operator ID: 6998
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JERRY L BETZ
P.O. BOX 569
PRAIRIEVILLE, LA 70769

Operator ID: 31386
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRYAN T BIAGASE
178 WENCK ST
OPELOUSAS, LA 70570

Operator ID: 36149
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KENNETH W BIAGASE
920 SOUTH BULLARD STREET
OPELOUSAS, LA 70570

Operator ID: 6614

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

WATER TREATMENT 1

20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GEORGE A BICKFORD
49462 LYNN LANE
TICKFAW, LA 70466

Operator ID: 24108
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

IRMA J BICKHAM
44191 WILBUR SMITH ROAD
FRANKLINTON, LA 70438

Operator ID: 10197
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEROY J BICKHAM, JR
209 WEST 29TH AVE
COVINGTON, LA 70433

Operator ID: 2872
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD A BICKHAM
45421 JENKINS RD
FRANKLINTON, LA 70438

Operator ID: 29767
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FRANK S BICKHAM, JR
38620 BENNIE MORRIS ROAD
MT. HERMON, LA 70450

Operator ID: 30328
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLIFTON M BIGNER
3616 VERONICA DRIVE
CHALMETTE, LA 70043

Operator ID: 11337
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL A BIHM
167 GENTRY DRIVE
WASHINGTON, LA 70589

Operator ID: 36852
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SCOTT A BIJEUX
P O BOX 232
MILTON, LA 70558

Operator ID: 28506
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

COREY J BILLEDEAUX
175 RAYMOND SANNER LN
HACKBERRY, LA 70645

Operator ID: 26087
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

EUGENE C BILLIOT, JR
2724 RIVERBEND RD
VIOLET, LA 70092

Operator ID: 36155

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BERYL A BILLIOT
19173 HWY 1055
KENTWOOD, LA 70444

Operator ID: 41203
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRIS A BINFORD
3888 WRIGHT RD
SULPHUR, LA 70663

Operator ID: 36150
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GLENN BINFORD
260 NORTH SHORELINE DR
MANY, LA 71449

Operator ID: 36151
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PATRICK D BIZETTE
POB 453
KROTZ SPRINGS, LA 70750

Operator ID: 9983
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THOMAS C BIZZELL
3537 OAK HILL RD
ZACHARY, LA 70791

Operator ID: 41444
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAWSON L BLACKARD
6171 DOGWOOD HILLS ROAD
BASTROP, LA 71220

Operator ID: 416
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
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Office of Public Health
Engineering Services

INVOICE

DONALD R BLACKWELL
31228 WEISS RD
WALKER, LA 70785

Operator ID: 29106

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RANDY F BLACKWELL
POST OFFICE BOX 149
ALBANY, LA 70711

Operator ID: 422
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JERMAINE A BLAINE
3324 BACK MARIAS
NAPOLEONVILLE, LA 70390

Operator ID: 38398

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 2	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CARL BLAKE
507 EAST 3RD STREET APT C
DERIDDER, LA 70634

Operator ID: 32566
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN J BLAKE
14337 UNIVERSITY AVE
HAMMOND, LA 70401

Operator ID: 41466
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILSON T BLAKE
7341 SHEFFIELD ST
NEW ORLEANS, LA 70126-2719

Operator ID: 426
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LELAND J BLANCHARD
37429 PRAIRIE DR
PRAIRIEVILLE, LA 70769-4451

Operator ID: 10425
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LENNIS J BLANCHARD, JR
POST OFFICE BOX 150
BLDG 8010
PLAQUEMINE, LA 70765-0150

Operator ID: 10426
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN C BLANCHARD
1315 BULLRUSH DR
BATON ROUGE, LA 70810

Operator ID: 11535
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER PRODUCTION 1	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JUSTIN K BLANCHARD
62805 BAYOU RD
PLAQUEMINE, LA 70710

Operator ID: 14046
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROSS M BLANCHARD
702 VETERANS ST
LOCKPORT, LA 70374

Operator ID: 38028
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ARTHUR C BLANCHARD
24511 PECAN MEADOW DR
PLAQUEMINE, LA 70764

Operator ID: 41283

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

WASTEWATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ERIC BLANCHARD
214 LEONARD ST
RACELAND, LA 70394

Operator ID: 436
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 3	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

COLLINS J BLANCHARD, JR
21453 EAST PREVOST LANE
LORANGER, LA 70446

Operator ID: 443
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RODNEY P BLANCHARD
10 WILLOW LANE
GRETNA, LA 70053

Operator ID: 5932
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KELLEY J BLANK
808 WINDSOR DR
LAPLACE, LA 70068

Operator ID: 33526
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EDDIE BLANSON, JR
106 BARTON ST
TALLULAH, LA 71282

Operator ID: 445
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DARREN L BLEVINS
PO BOX 1451
WALKER, LA 70785

Operator ID: 27768
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BOBBY D BLOSSOM
257 NEW ZION RD
WINNSBORO, LA 71295

Operator ID: 19986
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

COLLIN E BLOUIN
804 CHICKASAW DR
OPELOUSAS, LA 70570

Operator ID: 6897
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JACK O BLUE
8190 BLANCHARD LATEX RD
SHREVEPORT, LA 71107

Operator ID: 16306
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DEANNA M BLUE
202 DAVENPORT CIRCLE
MONROE, LA 71202

Operator ID: 37834
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RAYMOND C BOBO
PO BOX 511
MAURICE, LA 70555

Operator ID: 38050
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT L BODY
13278 PERKINS RD
BATON ROUGE, LA 70810-2031

Operator ID: 8246
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

QOURTNEY E BOGAN
4306 COLE PLACE
SHREVEPORT, LA 71109

Operator ID: 36572
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD L BOLDEN
3500 TIMBERWOLF
NEW ORLEANS, LA 70131

Operator ID: 11393
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

REBECCA A BOLOTTE
58825 NEW CAMP RD
WHITE CASTLE, LA 70788

Operator ID: 36890
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LARRY M BOND
164 MC BRIDE
RUSTON, LA 71273

Operator ID: 8903
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT E BONIN
14801 GEORGE RD
KAPLAN, LA 70548

Operator ID: 28355
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THOMAS W BONNER
508 S COX ST
BASTROP, LA 71220

Operator ID: 10682
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ADAM BONNET
300 KNOLLWOOD DRIVE
LAFAYETTE, LA 70506

Operator ID: 8490
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRIAN T BONNETTE
119 BEAU VISTA
NATCHITOCHES, LA 71458

Operator ID: 470
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SAMUEL BONTON, JR
4515 RALEIGH DR
BATON ROUGE, LA 70814

Operator ID: 13126

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 3

20.00

WASTEWATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GARY R BOONE
4460 HWY 107
PINEVILLE, LA 71360

Operator ID: 479

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

IAN D BOOTH
1021 LAKELAND ST
LAKE CHARLES, LA 70605

Operator ID: 10997
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRANTLEY P BOOTH
7494 COLUMBIA DR
LAKE CHARLES, LA 70605

Operator ID: 11424
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SEAN M BOOTH
1320 E GAUTHIER RD
LAKE CHARLES, LA 70607

Operator ID: 12887
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

AUSTIN R BOOTH
1320 EAST GAUTHIER ROAD
LAKE CHARLES, LA 70607

Operator ID: 18366

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

VICTOR C BOOTH
21013 MILK PLANT ROAD
LORANGER, LA 70446

Operator ID: 37837

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID R BOOTH
1320 EAST GAUTHIER RD
LAKE CHARLES, LA 70607

Operator ID: 481
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRIAN P BOQUET
102 COON DR
THIBODAUX, LA 70301

Operator ID: 10872
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRYAN D BORDELON
PO BOX 3567
PINEVILLE, LA 71361

Operator ID: 30786
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMIE P BORDELON
46 WOODCHASE CT
VIOLET, LA 70082

Operator ID: 34887
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSHUA P BORDELON
1037 CORA LANE
VILLE PLATTE, LA 70586

Operator ID: 40143

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FRANKIE BORDELON
POST OFFICE BOX 914
SIMMESPORT, LA 71369

Operator ID: 485
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TERRELL A BORDELON
20318 WEINBERGER RD
PONCHATOULA, LA 70454

Operator ID: 5037

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JERRY L BORDELON
708 PALMETTO RD
BENTON, LA 71006

Operator ID: 8150
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BYRON B BORDELON, III
4615 SHERIDAN AVENUE
METAIRIE, LA 70002

Operator ID: 9661
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMIE C BORDEN
POST OFFICE BOX 651
PORT SULPHUR, LA 70083

Operator ID: 6618

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MATTHEW W BORNE
22968 N. ROSARY STREET
VACHERIE, LA 70090

Operator ID: 28667
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BARRY J BORNE
300 RICHLAND DRIVE
THIBODAUX, LA 70301

Operator ID: 500
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMIE BORRAS
223 ELLEN STREET
AMA, LA 70031

Operator ID: 11628
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHAD M BORRAS
360 EVELYN STREET
LULING, LA 70070

Operator ID: 30527
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEROY S BOSBY
3737 W. EDGEWOOD CT.
AVONDALE, LA 70094

Operator ID: 9335
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RUBEN D BOSSIER
P.O. BOX 221
HAHNVILLE, LA 70057

Operator ID: 504
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

THOMAS V BOSWELL
285 BLOCKER CHAPEL ROAD
SAREPTA, LA 71071

Operator ID: 8904

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARVIN P BOUDREAUX
1763 DOCTOR BEATROUS RD
THERIOT, LA 70397

Operator ID: 10998
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CARL J BOUDREAUX
36420 NESSIE STREET
WHITE CASTLE, LA 70788

Operator ID: 12546
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RYAN T BOUDREAUX
623 AVENUE G
MARRERO, LA 70072

Operator ID: 13426

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RODERICK J BOUDREAUX
709 9TH STREET
GUEYDAN, LA 70542

Operator ID: 28686

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

HENRY C BOUDREAUX
13085 EAGLESWAY CT.
GEISMAR, LA 70734

Operator ID: 35428
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WARREN P BOUDREAUX
827 IRA STREET
CARENCRO, LA 70520

Operator ID: 508
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CLOPHA BOUDREAUX, III
1504 ANITA STREET
SULPHUR, LA 70663

Operator ID: 527

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL L BOUDREAUX
177 CANADIAN LANE
CHURCH POINT, LA 70525

Operator ID: 5949
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEVE A BOUDREAUX
406 TORONTO DRIVE
LAFAYETTE, LA 70507

Operator ID: 6619
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEVEN B BOUDREAUX
6621 FIRST STREET
ALEXANDRIA, LA 71303

Operator ID: 7864
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES E BOULWARE
21 IMOGENE ST
WAGGAMAN, LA 70094

Operator ID: 529
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SHELTON J BOURG
306 BRULE RD
LABADIEVILLE, LA 70372

Operator ID: 38853

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 1

20.00

WATER TREATMENT 2

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ADAM P BOURG
303 FIELDCREST DR
SCHRIEVER, LA 70301

Operator ID: 4988
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID P BOURG
503 BAYOU GARDENS DR
HOUMA, LA 70364

Operator ID: 530
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BARTLEY A BOURGEOIS
2201 OLD SPANISH TRAIL
WEST LAKE, LA 70669

Operator ID: 11504
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TODD A BOURGEOIS
103 DOGWOOD DRIVE
LULING, LA 70070

Operator ID: 14826
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRAD C BOURGEOIS
5029 PAGE STREET
MARRERO, LA 70072

Operator ID: 34006
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NELSON J BOURGEOIS
302 ASPEN DR
RACELAND, LA 70394

Operator ID: 5726
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 3	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRAD J BOURGEOIS
2550 LA HWY 44
PAULINA, LA 70763

Operator ID: 7840
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TRAVIS J BOURGOYNE
59112 LAUREL STREET
PLAQUEMINE, LA 70764

Operator ID: 8538
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DREW J BOURQUE
113 BERGERON LOOP
CARENCRO, LA 70520

Operator ID: 549
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRENT C BOURQUE
P O BOX 561
BALDWIN, LA 70514

Operator ID: 6965
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00
WATER PRODUCTION 1	20.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID A BOUSHIE
4176 NINETEENTH STREET
BAY ST LOUIS, MS 39520-7752

Operator ID: 10437
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARTIN BOUTTE
PO BOX 322
BERWICK, LA 70342

Operator ID: 7914
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TY T BOWIE
476 TWIN BRIDGES RD
APT# 906
ALEXANDRIA, LA 71303

Operator ID: 35706
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TRACY A BOWLING
PO BOX 51
HORNBECK, LA 71439-0051

Operator ID: 8905
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JUSTIN M BOYCE
331 REVA LN
DERIDDER, LA 70634

Operator ID: 36332
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD L BOYD
5872 UP AND DOWN ROAD
COLLINSTON, LA 71229

Operator ID: 8540
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KRISTIN G BOYD
305 ASH ST
HOUMA, LA 70363

Operator ID: 9292
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JERRY BOYETT
1617 OLIVE
OLLA, LA 71465

Operator ID: 5131
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HERSHEL H BOYETTE, JR
1381 LINTON ROAD
BENTON, LA 71006

Operator ID: 11594
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID L BOYKIN
8900 WEIRWOOD ROAD
SHREVEPORT, LA 71129-4639

Operator ID: 565

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TERRY L BOZEMAN, II
1949 HWY 449
PINE GROVE, LA 70453

Operator ID: 11445
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROYDAN D BOZEMAN, IV
24930 PHILLIP RICHARDSON
DR
HOLDEN, LA 70744

Operator ID: 13986
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROYDAN D BOZEMAN, III
10953 N SHORELINE DR
BATON ROUGE, LA 70809

Operator ID: 8431
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ERIC J BRABHAM
1082 SUGGS ROAD
PORT ALLEN, LA 70767

Operator ID: 6622

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 4

20.00

WATER PRODUCTION 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES A BRACEY
59656 PULESTON RD
AMITE, LA 70422

Operator ID: 569
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KARL M BRADBERRY
7739 FALSE RIVER RD
OSCAR, LA 70762-6222

Operator ID: 28368
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHARLES L BRADDOCK
POST OFFICE BOX 272
GRAYSON, LA 71435

Operator ID: 6601
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FILMORE BRADFORD, JR
7035 VILLERE
BAKER, LA 70714

Operator ID: 37087
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SHANE M BRADFORD
858 JOE YENNI BLVD APT 12
KENNER, LA 70065

Operator ID: 42222
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 3	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EUGENE M BRADLEY
11555 SOUTHFORK AVENUE
APT# 1084
BATON ROUGE, LA 70816

Operator ID: 11450
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BARBARA M BRADLEY
P O DRAWER 3287
LAKE CHARLES, LA 70605

Operator ID: 3225
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSHUA C BRADLEY
1596 BELLVIEW LN
COLUMBIA, LA 71418

Operator ID: 39844
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TIMOTHY J BRADLEY, SR
1106 ST LANDRY HWY
ST LANDRY, LA 71367

Operator ID: 8856
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LATERRANCE O BRADSHAW
8326 GREEN LANE
MER ROUGE, LA 71261

Operator ID: 13946
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT E BRADSHAW
109 JANICE DR EXT
SPRINGHILL, LA 71075

Operator ID: 8542
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARYLOU BRADY
1004 MICHAEL ST
PATTERSON, LA 70392

Operator ID: 12548
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LOUIS J BRADY
106 LAC VERRET
LULING, LA 70070

Operator ID: 7839
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KEVIN A BRANCH
2200 N SUGAR RIDGE
LAPLACE, LA 70068

Operator ID: 37309
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL J BRANDT
201 HOLIDAY BLVD
SUITE 150
COVINGTON, LA 70433

Operator ID: 582

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANDREA S BRANDY
1122 S WASHINGTON ST
BASTROP, LA 71220

Operator ID: 34007
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KIM L BRANTLEY
606 NORTH GROVE STREET
WINNFIELD, LA 71483

Operator ID: 586
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH M BRANTLEY
5849 HWY 588
PIONEER, LA 71266

Operator ID: 588
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GLENN L BRASSEAU
5005 N UNIVERSITY
CARENCRO, LA 70520

Operator ID: 12549

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BYRON P BRAUD
130 HUNT ST
BELLE CHASSE, LA 70037

Operator ID: 13387
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 2	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DARREN BRAUD
17471 LES CHENIER BLVD
PRAIRIEVILLE, LA 70769

Operator ID: 9061
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHESTER B BRAXTON
POST OFFICE DRAWER 947
KINDER, LA 70648

Operator ID: 11421

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

REID P BREAUX
1708 FEDERAL AVENUE
MORGAN CITY, LA 70380

Operator ID: 10035
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ELISIE E BREAUX, JR
115 LEONIE STREET
PIERRE PART, LA 70339

Operator ID: 11140
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JIMMY A BREAUX
3464 PLANTATION DR
ADDIS, LA 70710

Operator ID: 20086
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROLAND P BREAUX
128 PINE STREET
DES ALLEMANDS, LA 70030

Operator ID: 36471
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSHUA J BREAU
9021 SUNDANCE LANE
SHREVEPORT, LA 71106

Operator ID: 36571

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RANDY L BREAUX, JR
234 CARLON DRIVE
DES ALLEMANDS, LA 70030

Operator ID: 8907

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES A BREAUX
110 BERNICE DRIVE
LULING, LA 70070

Operator ID: 9376
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DARREN M BREECHER, JR
172 CAMBAY DR
AVONDALE, LA 70094

Operator ID: 16806
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VERN A BRELAND
503 HWY 2
STERLINGTON, LA 71280

Operator ID: 22746
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TROY B BRELAND
63034 NORTHWOODS RD
BOGALUSA, LA 70427

Operator ID: 27366
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PAULA BREMER
41125 AVOYELLOS AVE
GONZALES, LA 70737

Operator ID: 37458
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ARNOLD E BREWER
168 BREWER ROAD
LEESVILLE, LA 71446

Operator ID: 611
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RICHARD B BRIDGES
153 BEN BRIDGES ROAD
DOWNSVILLE, LA 71234-5439

Operator ID: 5788
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARK J BRIGNAC
75 ELMWOOD DR
DESTREHAN, LA 70047

Operator ID: 27066
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WADE B BRIGNAC
107 DESIRE ST
LAFAYETTE, LA 70506

Operator ID: 42284
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JEFFREY S BRIGNAC
5345 MAPLETON DR
GREENWELL SPRINGS, LA 70739

Operator ID: 7735

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH BRISCOE
2913 7TH STREET
LAKE CHARLES, LA 70615

Operator ID: 26727
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONOVAN BRISCOE
PO BOX 16
FRANKLIN, LA 70538

Operator ID: 36456
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TERRY S BRISTER
554 SHERWOOD DR
LAKE CHARLES, LA 70612

Operator ID: 4984
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH L BROCK
10178 LAKE PARK AVE
GONZALES, LA 70737

Operator ID: 25307
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WALTER E BROCK
2850 GARDERE LANE
BATON ROUGE, LA 70820

Operator ID: 638
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHRISTOPHER BROCK
6685 PERIMETER DRIVE
BATON ROUGE, LA 70812

Operator ID: 7736

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JERRY A BRODHEAD, JR
110 HILLCREST ROAD
PINEVILLE, LA 71360

Operator ID: 30789
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD A BROOKS
264 DOUGLAS LACEY ROAD
SUGARTOWN, LA 70662

Operator ID: 645
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WATER DISTRIBUTION 3	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT G BROU, SR
295 LOWE ST
HAHNVILLE, LA 70057

Operator ID: 5716
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MELICIA A BROUSSARD
907 N IRVING AVE
KAPLIN, LA 70548

Operator ID: 36454
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

OTIS P BROUSSARD
14205 PARK RIDGE DR
PRAIRIEVILLE, LA 70769

Operator ID: 5009
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LARRY J BROUSSARD
3922 PAPLOR GROVE DR.
ADDIS, LA 70710

Operator ID: 5274
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DORA A BROUSSARD
305 ROSIER STREET
NEW IBERIA, LA 70563

Operator ID: 5298
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RICHARD J BROUSSARD
PO BOX 1135
MINDEN, LA 71058-1135

Operator ID: 5378
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PATRICK W BROUSSARD
112 BARBARA DRIVE
SUNSET, LA 70584

Operator ID: 6172
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GREGORY L BROUSSARD
218 LINDEN LEWIS RD
YOUNGVILLE, LA 70592

Operator ID: 6237
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DONALD C BROUSSARD
30 HIDDEN HILLS LAKE
ARNAUDVILLE, LA 70512

Operator ID: 653
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CAROL P BROUSSARD
312 E. LEBLANC STREET
DELCAMBRE, LA 70528

Operator ID: 658

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL J BROUSSARD
4514 EAST ADMIRAL DOYLE D
NEW IBERIA, LA 70560

Operator ID: 659
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOE E BROUSSARD
1229 CAROLYN DR
ABBEVILLE, LA 70510

Operator ID: 6624
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BUSTER J BROUSSARD
P.O. BOX 594
CARENCRO, LA 70520

Operator ID: 6761
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JUANITA F BROUSSARD
PO BOX 10831
NEW IBERIA, LA 70562

Operator ID: 7335
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

EUGENE BROUSSARD, JR
1435 W GLORIA SW RD
CARENCRO, LA 70520

Operator ID: 8545

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH K BROUSSARD
4660 LA HWY 343
MAURICE, LA 70555

Operator ID: 8752
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CEDRIC D BROWN
1824 RYDER DR
BATON ROUGE, LA 70808

Operator ID: 10158
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GERTRUDE M BROWN
8800 S CLAIBORNE AVENUE
NEW ORLEANS, LA 70118

Operator ID: 10599

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEROY K BROWN
POST OFFICE BOX 19136
SHREVEPORT, LA 71149

Operator ID: 10714
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARVIN H BROWN
8201 PALM ST
79-246
NEW ORLEANS, LA 70118

Operator ID: 11394

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

WATER DISTRIBUTION 1

20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KELVIN T BROWN
8107 COMITE ACRES DR
BAKER, LA 70714

Operator ID: 14767
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOHNNY R BROWN
317 CATALPA LN
DUBBERLY, LA 71024

Operator ID: 18386

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN J BROWN
118 GUY PEARL RD
ALEXANDRIA, LA 71302

Operator ID: 21726
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PATRICK J BROWN, SR
41232 CHERRY HILL AVE
PRAIREVILLE, LA 70769

Operator ID: 22627

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN L BROWN
11911 SCENIC HWY
BATON ROUGE, LA 70807-1318

Operator ID: 32586
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ZACHARIAH R BROWN
23920 FIRST ST
PLAQUEMINE, LA 70764

Operator ID: 38574
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TIMOTHY G BROWN
22026 PAT O'BRIAN RD
COVINGTON, LA 70435

Operator ID: 39711
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GARRETT J BROWN
17 JOLLY RD
DEVILLE, LA 71328

Operator ID: 40444
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL W BROWN
6319 WOODSIDE DR.
ZACHARY, LA 70791

Operator ID: 4942
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLINTON D BROWN
26 MARY STREET
ALEXANDRIA, LA 71301

Operator ID: 5212
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT L BROWN
8150 HWY 171
GRAND CANE, LA 71032

Operator ID: 5458

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 3	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN N BROWN
621 HILL STREET
EUNICE, LA 70535

Operator ID: 665
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NETTIE L BROWN
9307 KILDARE PARK RD
SHREVEPORT, LA 71119-3529

Operator ID: 676
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CARL L BROWN
123 THEO CT
GIBSON, LA 70356

Operator ID: 679

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PETER N BROWN
4315 HAMILTON ST
NEW ORLEANS, LA 701182611

Operator ID: 685
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PHILIP BROWN, JR
14376 ESSEN TERRACE DR
GONZALES, LA 70737

Operator ID: 686
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT E BROWN, II
2467 GENERAL COLLINS AVE
NEW ORLEANS, LA 70114

Operator ID: 687
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBB BROWN
9723 PLAINVIEW ROAD
HORNBECK, LA 71439

Operator ID: 8234
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ARAD L BROWN
108 WANDA ST
RAYVILLE, LA 71269

Operator ID: 8546
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RICKEY D BROWN
605 WELLINGTON DR
HOUMA, LA 70360

Operator ID: 8548

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEVEN K BROWNING
118 W NEWMAN RD
RAGLEY, LA 70657

Operator ID: 39290
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES A BROWNING
125 BRUSHY CREEK RD
HORNBECK, LA 71439

Operator ID: 688
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KODY R BRUCE
736 MARILYN RD
LAKE CHARLES, LA 70611

Operator ID: 25674
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOHN L BRUCE
P O BOX 55
GEORGETOWN, LA 71432

Operator ID: 6422

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 4

20.00

WATER PRODUCTION 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIAM A BRUCE
4465 DEAN ST
LAKE CHARLES, LA 70605

Operator ID: 692
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LAWRENCE M BRUE
8800 SOUTH CLAIBORNE
NEW ORLEANS, LA 70118

Operator ID: 693
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WALTER J BRUGH, JR
316 WEST MAIN STREET
NEW IBERIA, LA 70560

Operator ID: 694
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

YOLAND BRUMFIELD
112 REFUGE DR
LULING, LA 70070

Operator ID: 23526
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TERRY L BRUMFIELD
46670 BRUMFIELD RD
FRANKLINTON, LA 70438

Operator ID: 35828

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WANDA Y BRUMFIELD
53422 CYPRAIN RD
LORANGER, LA 70446

Operator ID: 5112

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

WATER TREATMENT 3

20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GARY D BRUNER
1450 BLACKLAKE RD
HACKBERRY, LA 70645

Operator ID: 8882
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BARRY C BRUNET
176 GABI COURT
THERIOT, LA 70397

Operator ID: 36534
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIAM H BRUNKHARDT
1712 PILCHER RD
MANY, LA 71449

Operator ID: 35926
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MELVIN C BRUNSON
359 NEWTON ROAD
DRY PRONG, LA 71423

Operator ID: 699
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JERRY W BRUNSON
451 CRAMER ROAD
BERNICE, LA 71222

Operator ID: 7185
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JEROMY S BRUSH
2200 E COMMERCE ST
CLINTON, OK 73601

Operator ID: 44120
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BEN T BRYAN
930 LYNWOOD ST
BASTROP, LA 71220

Operator ID: 4946
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBBIE L BRYANT
12461 HOMEPORT DR STE D
MAUREPAS, LA 70449

Operator ID: 11916
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DARYL T BRYANT
POST OFFICE BOX 307
DRY PRONG, LA 71423

Operator ID: 702

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TIM D BRYSON
1513 NUBIN RIDGE
CONVERSE, LA 71419

Operator ID: 11652
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOHN B BUCKELS, II
PO BOX 1234
MARKSVILLE, LA 71351

Operator ID: 37839

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RUSSELL BUCKELS
4509 W MEADOW LN
LAKE CHARLES, LA 70605

Operator ID: 705
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIE BUCKLEY, JR
CITY OF OAKDALE
P O BOX 477
OAKDALE, LA 71463

Operator ID: 707
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FRANK H BUFFONE, JR
1553 EASTWOOD DRIVE
SLIDELL, LA 70458-3109

Operator ID: 11338
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEVE J BUHLER
14678 FRENCHTOWN RD
GREENWELL SPRINGS, LA 70739

Operator ID: 22686
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHRISTOPHER BUIE
244 WEST 79TH STREET
SHREVEPORT, LA 71106

Operator ID: 26326

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THOMAS L BULLER
707 HWY 26
ELTON, LA 70532

Operator ID: 24967
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BENNY BULLITT
390 OLD HIGHWAY 71
COLFAX, LA 71417

Operator ID: 30790
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THOMAS A BULLOCK
511 CYCLE PLANT ROAD
BENTON, LA 71006

Operator ID: 5137
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT N BULLOCK
602 SOUTH 26TH STREET
MONROE, LA 71261

Operator ID: 8323
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KEVIN BURFECT
N.O. SEWAGE & WATER BOARD
8800 S. CLAIBORNE AVE.
NEW ORLEANS, LA 70118

Operator ID: 7682
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CINDY M BURGE
13629 AYDELL LANE
WALKER, LA 70785

Operator ID: 25106
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN M BURGO
2408 KAREN ST
THIBODAUX, LA 70301

Operator ID: 5704
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 3	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TAMMY B BURK
P O BOX 955
VINTON, LA 70668

Operator ID: 721

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

VINCENT L BURKHALTER
27193 EAST ELM
LACOMBE, LA 70445

Operator ID: 724
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLEMENT R BURKS
PO BOX 1713
HAUGHTON, LA 71037

Operator ID: 11891
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRAD J BURLEIGH
36805 HWY 69 BYPASS
WHITE CASTLE, LA 70788

Operator ID: 6152
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JODY L BURLESON
16014 CHANOVE AVENUE
GREENWELL SPRINGS, LA 70739

Operator ID: 7000
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEPHEN J BURNHAM
1415 DELPLAZA DRIVE
SUITE B
BATON ROUGE, LA 70815

Operator ID: 11006
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TROY R BURNS
101 WOOD ST
PINEVILLE, LA 71360

Operator ID: 11855
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FRANK BURNS
P O BOX 53
LUTCHER, LA 70071

Operator ID: 14546
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRUCE D BURNS
95 TENNESSEE AVENUE
ALEXANDRIA, LA 71303

Operator ID: 730
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES W BURRIS, JR
PO BOX 26
FOLSOM, LA 70437

Operator ID: 733
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TERESA M BURROW
1046 PIONEER LANE
LAKE CHARLES, LA 70611

Operator ID: 11228
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES F BURTON
PO BOX 29116
SHREVEPORT, LA 71149

Operator ID: 25446
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHRISTOPHER J BUSBY
10287 HWY 122
DRY PRONG, LA 71423

Operator ID: 34366
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LARRY BUSH
2054 MARION COUNTY RD
#3509
JEFFERSON, TX 75657

Operator ID: 740

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TOMMY J BUSSIE
4718 N BAYOU BLACK
GIBSON, LA 70356

Operator ID: 5059
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GILBERT A BUSTAMANTE
203 BARRET DRIVE
LULING, LA 70070

Operator ID: 7981
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARIE C BUTEAUX
512 EAST PUTNAM STREET
ERATH, LA 70533

Operator ID: 11880

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES M BUTLER
3707 REPUBLIC STREET
NEW ORLEANS, LA 70122

Operator ID: 11653
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BENJAMIN BUTLER, JR
8286 KINGVIEW STREET
ST JAMES, LA 70086

Operator ID: 12366
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RUFUS W BUTLER
3009 GEN COLLINS
LAKE CHARLES, LA 70615

Operator ID: 18426
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RODNEY A BUTLER
44410 JOHNSON ST
SORRENTO, LA 70778

Operator ID: 41486
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEE BUTLER, III
POST OFFICE BOX 576
MARINGOUIN, LA 70757

Operator ID: 750
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LYLE B BUTLER
P.O. BOX 502
POLLOCK, LA 71467

Operator ID: 8175
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CLEVELAND BUTLER, JR
5761 EASTOVER DR
NEW ORLEANS, LA 70128-1426

Operator ID: 8858
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHARLES BUTLER, JR
58400 BARROW STREET
PLAQUEMINE, LA 70764

Operator ID: 9667

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RONALD B BUTTER
45 HENDERSON RD
FOREST HILL, LA 71430

Operator ID: 6053
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

FRANCIS J BUTTON, III
1236 FARRINGTON DR
MARRERO, LA 70072

Operator ID: 753
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSHUA G BUTTS
512 MILLING AVE
LULING, LA 70070

Operator ID: 21746
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALVIE BUXTON
POST OFFICE BOX 457
ELIZABETH, LA 70638

Operator ID: 10106
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MELANIE BYES
3442 BENNETT ST
NEW ORLEANS, LA 70117

Operator ID: 12287
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CASEY D BYNOG
310 GERMAINE ST
BALL, LA 71405

Operator ID: 40488
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH R BYNUM
4241 ROCKY MT DR
BATON ROUGE, LA 70814

Operator ID: 14066
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHAD A BYNUM
121 DALTON RD
WESTLAKE, LA 70669

Operator ID: 6042
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HORACE C BYNUM
1200 N. BROAD STREET
NEW ORLEANS, LA 70119

Operator ID: 9668
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SHIRLEY I BYRD
POST OFFICE BOX 730
KENNER, LA 70063

Operator ID: 11396
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALBERT A BYRD
4024 WHITE SAND DR
BATON ROUGE, LA 70814

Operator ID: 19626
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TIMOTHY M BYRD
P O BOX 1060
DERIDDER, LA 70634

Operator ID: 39171
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RANDY BYRD
2765 WYATT ROAD
BELMONT, LA 71406

Operator ID: 7187
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KEVIN J BYRD
515 KINLER STREET
LULING, LA 70070

Operator ID: 8868

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD CAESAR, SR
624 CARDINAL STREET
LAPLACE, LA 70068

Operator ID: 9998
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THELMA L CAGER
PO BOX 341
ARABI, LA 70032

Operator ID: 41409
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JUSTIN CAIN
1104 APPLE ST
VIDALIA, LA 71373

Operator ID: 22886
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEITH A CALAMARI
1028 RAYMOND DR
METAIRIE, LA 70001

Operator ID: 20786
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SALVADOR J CALATO
14259 HIGHWAY 1078
FOLSOM, LA 70437

Operator ID: 10701
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WATER DISTRIBUTION 4

20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD D CALCOTE
629 LUM HARPER ROAD
DERIDDER, LA 70634

Operator ID: 6626
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHARLES K CALDARERA, JR
5147 MATTIE REEVES RD
LAKE CHARLES, LA 70611

Operator ID: 31106
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STACY A CALDWELL
POST OFFICE BOX 443
MARION, LA 71260

Operator ID: 7408
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JIMMY D CALDWELL
552 ANDREWS ROAD
MARION, LA 71260

Operator ID: 7443
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DEAN A CALDWELL
1634 LAKEVIEW STREET
DERIDDER, LA 70634

Operator ID: 764
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CARL A CALHOUN
3170 HWY 849
GRAYSON, LA 71435

Operator ID: 6206
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ASHLEY M CALLAHAN
206 RAYWOOD DR
HOUMA, LA 70360

Operator ID: 36267

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRETT W CALLAIS
5892 WRANGLER
IOWA, LA 70647

Operator ID: 26106
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRAD J CALLEGAN
58375 NEW CAMP RD
WHITE CASTLE, LA 70788

Operator ID: 41404
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL J CALLEGARI
110 RUSSELLS LANDING
LOT 3
MARKSVILLE, LA 71351

Operator ID: 5842

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RALPH L CALLEGARI
1226 LINDEN GROVE ROAD
CHURCH POINT, LA 70525

Operator ID: 767
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARTY E CALLOWAY
3108 DEAN DAY RD
SULPHUR, LA 70663

Operator ID: 9589
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRIS J CAMBRE
173 GOODHOPE STREET
NORCO, LA 70079

Operator ID: 8911
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LARRY L CAMBRICE
1000 VAN TRUMP ST
GRETNA, LA 70053

Operator ID: 41522
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ANGELA J CAMPBELL
210 DAVIS DRIVE
MONROE, LA 71201-4819

Operator ID: 24609
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT E CAMPBELL
4825 FAIRWAY VIEW DRIVE
SHREVEPORT, LA 71107

Operator ID: 777
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOEY P CAMPO
55618 OLD US 51
INDEPENDENCE, LA 70443

Operator ID: 13486
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MELVIN S CANALES
4429 W /AICH LEVEE-RD
KROTZ SPRINGS, LA 70750

Operator ID: 28067
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH C CANGELOSI
7075 NORTH RIVER RD
PORT ALLEN, LA 70767

Operator ID: 785
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRIAN K CANNON
1309 VIDRINE ST
OPELOUSAS, LA 70570

Operator ID: 26007
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ADRIN CANNON
3614 W METAIRIE AVE NORTH
METAIRIE, LA 70001

Operator ID: 30566
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
OP-IN-TRAINING - WP	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH P CANNON
4199 LEIGH DRIVE
PINEVILLE, LA 71360

Operator ID: 5836
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TROY V CANTER
46068 GOLD PLACE ROAD
ST AMANT, LA 70774

Operator ID: 5518
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CODY M CANTRELL
8018 TEAL GLEN DR
MOORINGSPORT, LA 71060

Operator ID: 40602
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DENNIS M CANTRELL
174 CANTRELL ROAD
CHOUDRANT, LA 71227

Operator ID: 8912

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THOMAS J CARDY
1006 BAY RIDGE DR
BENTON, LA 71006

Operator ID: 39772
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CAROL D CAREY
8728 BELFAST ST
NEW ORLEANS, LA 70118

Operator ID: 32590

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER TREATMENT 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PERCY L CARGO
P O BOX 65
DONALDSONVILLE, LA 70346

Operator ID: 28246
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CLYDE E CARLSON
2137 S. LOPEZ STREET
NEW ORLEANS, LA 70125

Operator ID: 25677
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHERREE M CARLSON
10841 HWY 955 EAST
ETHAL, LA 70730

Operator ID: 36748
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID W CARMOUCHE
7784 HIGHWAY 165
POLLOCK, LA 71467-4834

Operator ID: 11654
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARCEY L CARMOUCHE
POST OFFICE BOX 411
BERWICK, LA 70342

Operator ID: 7833
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KIRBY W CARPENTER, JR
11162 TORIA LANE
SAINT AMANT, LA 70774

Operator ID: 27367

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CARLOS M CARPENTER
PO BOX 54
CALVIN, LA 71410

Operator ID: 36156
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CLINTON E CARPENTER
P O BOX 462
NATCHITOCHES, LA 71457

Operator ID: 799

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 2

20.00

WASTEWATER TREATMENT 2

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DEANDRIA L CARR
7058 BRADFORD LANE
JACKSON, LA 70748

Operator ID: 5168
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SHERWIN L CARRIER
P O BOX 873
OBERLIN, LA 70655

Operator ID: 31226
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANA A CARRIER
1709 MATILDA STREET
WESTLAKE, LA 70669

Operator ID: 6044
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CONNIE A CARRIER
9350 FALSE RIVER
NEW ROADS, LA 70760

Operator ID: 9548
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL CARRIERE
915 AUSTRIA ROAD
DUSON, LA 70529

Operator ID: 11008
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TOMMY J CARRIERE
1824 HIGGINBOTHAM HWY
CHURCH POINT, LA 70525

Operator ID: 5841
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID S CARRODUS
17145 MILLION DOLLAR ROAD
COVINGTON, LA 70435

Operator ID: 10565

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GEORGE O CARROLL, III
3204 GRASSY LAKE DR
BATON ROUGE, LA 70816

Operator ID: 12031
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LARRY W CARROLL, JR
784 HWY 1241
COLFAX, LA 71417

Operator ID: 15086
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALBERT J CARROLL
223 EISENHOWER ST
ST ROSE, LA 70087

Operator ID: 6700
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KARL R CARROLL
PO BOX 212
TIOGA, LA 71477-0212

Operator ID: 806
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

VELLER R CARROLL
403 VIDALIA DR
RIDGCREST, LA 71334

Operator ID: 807
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID D CARSON
1806 GIBBONS ST
PINEVELE, LA 71360

Operator ID: 35889

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FREDDY J CARTER
210 MC ARTHUR
VIVIAN, LA 71082

Operator ID: 10012
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DEAN S CARTER
573 HWY 1085
MADISONVILLE, LA 70447

Operator ID: 10460

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHARLES J CARTER
PO BOX 853
SIMMESPORT, LA 71369

Operator ID: 10883
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES R CARTER
7382 WOOTEN DRIVE
COLLINSTON, LA 71229

Operator ID: 11597
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TOMMY J CARTER
288 PACE ROAD
WEST MONROE, LA 71291

Operator ID: 2848
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOE B CARTER
P O BOX 116
HAYNESVILLE, LA 71038

Operator ID: 40722
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN S CARTER
506 EVELYN AVE
MOORINGSPORT, LA 71060

Operator ID: 41962
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WOODROW W CARTER
106 MABLE STREET
WELSH, LA 70591

Operator ID: 5300
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONALD L CARTER
39607 OAK LANE
PONCHATOULA, LA 70454

Operator ID: 815
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANIEL J CARTER
30048 HWY 36
LACOMBE, LA 70445

Operator ID: 824
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ARCHIE J CARTER, JR
6307 GENERAL MEYER AVENUE
NEW ORLEANS, LA 70131

Operator ID: 825

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RAYMOND A CARTER
3500 HOUSTON RIVER RD
WESTLAKE, LA 70669

Operator ID: 9477
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

OTIS CARTER
60441 MONROE CREEK ROAD
ANGIE, LA 70426

Operator ID: 9836
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOEY G CARTINEZ
295 TOM CORDOVA ROAD
ZWOLLE, LA 71486-3070

Operator ID: 6797
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BILLY J CARVER
103 CORNISH PLACE
YOUNGSVILLE, LA 70592

Operator ID: 829
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALBERT E CASANOVA, JR
7001 LAWRENCE RD
APT 102
NEW ORLEANS, LA 70126

Operator ID: 6701
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PEGGY H CASH
1210 TEXAS ST
SULPHUR, LA 70663

Operator ID: 21966

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ANTHONY J CASTEGLIA, IV
1910 ANDRES STREET
CHALMETTE, LA 70043

Operator ID: 836
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TROY V CASTIGLIONE
23513 MITCHELL RD
PICAYUNE, MS 39766

Operator ID: 37431
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TIMOTHY L CASTILOW
3525 LANNON STREET
SHREVEPORT, LA 71118-4212

Operator ID: 11348

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONALD W CASWELL
PO BOX 177
KEATCHIE, LA 71046

Operator ID: 4936
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES A CATALANOTTO
10010 ASHEVILLE DRIVE
DENHAM SPRINGS, LA 70706

Operator ID: 7651
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GORDON R CAUGHMAN
#1 HILLCREST CR
HAUGHTON, LA 71037

Operator ID: 8913
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JASON W CAUSEY
6637 CAMERON OAKS DR
BATON ROUGE, LA 70817

Operator ID: 34926
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

HARVEY Q CAUSEY
PO BOX 415
HODGE, LA 71247

Operator ID: 5376
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN M CEDARS
58 HWY 461
HINESTON, LA 71438

Operator ID: 6161
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PRESTON J CELESTINE, JR
P.O. BOX 28
101 S PARKWOOD DR
YOUNGSVILLE, LA 70592

Operator ID: 28526
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROLAND CERF, JR
6523 GARLAND AVE
BAKER, LA 70714

Operator ID: 24889

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARSHALL L CHADWICK
70010 5TH STREET
COVINGTON, LA 70433

Operator ID: 10920

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JESSIE L CHAIRS
1219 31ST STREET
KENNER, LA 70065

Operator ID: 32606
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES E CHALMERS
101 JACKSON CT
VIDALIA, LA 71373

Operator ID: 5068
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GREGORY T CHAMBERS
722 HORTON ST
MINDEN, LA 71055

Operator ID: 2865
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ADAM CHAMBERS
321 HWY 399
DERIDDER, LA 70634

Operator ID: 38916
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LASHAUNA G CHAMBERS
9205 BLUE SPRUCE DRIVE
SHREVEPORT, LA 71118

Operator ID: 6798
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DONALD P CHAMBERS
9332 WILLOW CREEK DRIVE
GREENWELL SPRINGS, LA 70739

Operator ID: 867
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CRAIG J CHAMPAGNE
1 WOODBERRY LN
GRETNA, LA 70053

Operator ID: 41344

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JORDAN D CHAMPAGNE
143 OAK STREET
GHEENS, LA 70355

Operator ID: 42242

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 1

20.00

WATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT A CHAMPAGNE
119 BAYOU ESTATES
DES ALLEMANDS, LA 70030

Operator ID: 7198

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WASTEWATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TIMOTHY P CHAMPAGNE
WASTE STREAM SERVICES INC
POST OFFICE BOX 107
HOUMA, LA 70361

Operator ID: 7340

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

THOMAS CHAMPAGNE
1420 MIRES ROAD
MT. JULIET, TN 37122

Operator ID: 872
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TODD A CHAMPAGNE
P O BOX 3564
PARADIS, LA 70080

Operator ID: 873
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RUSTY J CHAMPAGNE
257 ANNA STREET
AMA, LA 70031

Operator ID: 879

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DANNY W CHANDLER
3088 GRAY'S CREEK ROAD
DRY PRONG, LA 71423

Operator ID: 882
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RYAN K CHAPMAN
609 N ADAMS ST
LAKE CHARLES, LA 70601

Operator ID: 37840
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH M CHARLES
1012 WISDOM ROAD
OPELOUSAS, LA 70570

Operator ID: 5857
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 3	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WALLACE CHARLES, JR
POST OFFICE BOX 30
IOWA, LA 70647

Operator ID: 7199
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROYSTON P CHARRIER
376 TYLER CEMETERY RD
CENTER POINT, LA 71323

Operator ID: 6037
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JIMMY CHASE
P.O. BOX 883
NEWELLTON, LA 71357

Operator ID: 7200
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TYRELL CHATMAN
324 WILKER NEAL AVENUE
JEFFERSON, LA 70123

Operator ID: 897
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL D CHAUFFE
P.O. BOX 98
GROSSE TETE, LA 70740

Operator ID: 6267

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIAM B CHAUMONT
PO BOX 1244
OBERLIN, LA 70655

Operator ID: 5204
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL D CHAUVIN
708 SOPHIA
RIVER RIDGE, LA 70123

Operator ID: 5591
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EMERY R CHAUVIN
520 PAYTON DRIVE
SCHRIEVER, LA 70395

Operator ID: 7830
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CARY M CHEEK
PO BOX 238
WISNER, LA 71378-0238

Operator ID: 906

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SHAWN M CHELETTE
800 WINDER RD
APT # 57
THIBODAUX, LA 70301

Operator ID: 39822
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOE CHELETTE
PO BOX310
COLFAX, LA 71417

Operator ID: 907
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ADAM L CHELLETTE
315 NEAL ST
RUSTON, LA 71270

Operator ID: 7411

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

THOMAS S CHEN
1716 POINTER CT
BATON ROUGE, LA 70808

Operator ID: 8435
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PATRICE CHENEVERT
410 PINE LAKE DRIVE
PINEVILLE, LA 71360

Operator ID: 18526
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TROY A CHENIER
22788 NORTH OAK STREET
VACHERIE, LA 70090

Operator ID: 7202

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHAD M CHERAMIE
351 ADAMS STREET
RACELAND, LA 70394

Operator ID: 28326
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARK A CHERAMIE, SR
PO BOX 536
HAMMOND, LA 70404

Operator ID: 5008
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PHILLIP J CHERAMIE
PO BOX 107
HOUMA, LA 70361

Operator ID: 7003
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MAIRTINE CHERRY
101 SUGARHILL ROAD
RAYVILLE, LA 71269

Operator ID: 24346
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARQUS A CHESTER
901 MOONEY AVE
HAMMOND, LA 70403

Operator ID: 11767
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RONNIE P CHEVIS
P.O. BOX 157
LABADIEVILLE, LA 70372

Operator ID: 30368

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GRANT M CHIASSON
508 PELICAN DRIVE
RACELAND, LA 70394

Operator ID: 11451
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHRISTOPHER T CHIASSON
2108 PINE STREET
HARVEY, LA 70058

Operator ID: 13507

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GEORGE J CHIASSON
30230 PHILIP SMITH RD
LACOMBE, LA 70445

Operator ID: 16346
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHRIS M CHIASSON
114 SUNSHINE DRIVE
DES ALLEMANDS, LA 70030

Operator ID: 35226
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN P CHIASSON
123 LEDET DRIVE
THIBODAUX, LA 70301

Operator ID: 36767
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KLEBERT J CHIASSON
510 NORTH CEDAR STREET
LOCKPORT, LA 70374

Operator ID: 4973
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BENJAMIN H CHIASSON
30230 PHILIP SMITH ROAD
LACOMBE, LA 70445

Operator ID: 5974
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN W CHIASSON
31818 PUTT MORAN LOOP
LACOMBE, LA 70445

Operator ID: 9673
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEDRICK D CHISM
9100 WALKER RD
APT B13
SHREVEPORT, LA 71118

Operator ID: 37979
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KERRY D CHOAT
4520 LARRY LN
SHREVEPORT, LA 71107-8934

Operator ID: 15126
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DENNIS D CHOATE
752 SOUTH PRINCETON
MANSFIELD, LA 71052

Operator ID: 37828
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ARLENE L CHOATE
25122 WEST LA HWY 82
KAPLAN, LA 70548

Operator ID: 6195
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARK A CHOLLEY
156 EAST LEE STREET
SULPHUR, LA 70663

Operator ID: 922

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRUCE K CHREENE
POST OFFICE BOX 252
HALL SUMMIT, LA 71034

Operator ID: 5338
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MIKE A CHREENE
100 WOODHAVEN DRIVE
MINDEN, LA 71055

Operator ID: 7203
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL R CHRISTENSEN, JR
91 MARTY LN
PERKENSTON, MS 39573

Operator ID: 5481
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CARL C CHURCH
600 VICTORIA ST
MONROE, LA 71201

Operator ID: 11809

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PAULINE CITIZEN
2428 SALMON ST
LAKE CHARLES, LA 70605

Operator ID: 25206
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TONY G CLAIBORNE
POST OFFICE BOX 58741
NEW ORLEANS, LA 70158

Operator ID: 6200
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOEY W CLARIUS
1703 SUSEK DRIE
PINEVILLE, LA 71360

Operator ID: 35946
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHAD A CLARK
7594 HIGHWAY 75
GEISMAR, LA 70734

Operator ID: 10427
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN R CLARK
7566 HWY 175
FRIERSON, LA 71027

Operator ID: 26346
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LESTER M CLARK
13770 MATT JAMES ROAD
DENHAM SPRINGS, LA 70726

Operator ID: 30108
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RONALD J CLARK
17610 MESA VERDIE LANE
IOWA, LA 70647

Operator ID: 36749
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GARY W CLARK
PO BOX 538
PONCHATOULA, LA 70454

Operator ID: 5855
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES R CLARK
39245 LA HWY 16
DENHAM SPRINGS, LA 70726

Operator ID: 6010
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH CLARK, JR
7021 MORRISON ROAD
NEW ORLEANS, LA 70126

Operator ID: 6070
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES B CLARK
37796 HWY 16
DENHAM SPRINGS, LA 70726

Operator ID: 6431
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TERRY J CLARK
235 RACETRACK LANE
RAYNE, LA 70578

Operator ID: 6628

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THOMAS E CLARK
1431 HARMON LOOP
HOMER, LA 71040

Operator ID: 937
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GLENN G CLARK
2126 GEORGIA ST
JEANERETTE, LA 70544

Operator ID: 940
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

REX F CLARK
POST OFFICE BOX 933
LOGANSPOUT, LA 71049-0933

Operator ID: 942
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GREGORY D CLAUDE
2908 WASHINGTON AVE
SLIDELL, LA 70458

Operator ID: 18486
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLARENCE CLAY
301 NOTTINGHAM CIR
LAFAYETTE, LA 70507

Operator ID: 25107
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ANDERSON CLAY, JR
1019 ORANGE GROVE AVE
NEW IBERIA, LA 70560

Operator ID: 34046

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHNNY CLAY
42479 ALEX LANE
PONCHATOULA, LA 70454

Operator ID: 6432
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH L CLAY, JR
#1 BERNICE DR
LULING, LA 70070

Operator ID: 948
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN D CLEMENTS
16183 CLEMENT RD
INDEPENDENCE, LA 70443

Operator ID: 11233
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

NATHANIEL W CLEMENTS
20056 SISTERS RD
PONCHATOULA, LA 70454

Operator ID: 13508
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIAM L CLENDENEN
148 HEATHER LANE
RUSTON, LA 71270-5167

Operator ID: 7826
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GLENN R CLINE
14110 CHENAL RD
JARREAU, LA 70749

Operator ID: 954
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANNY R CLINTON
3565 WALKER FERRY ROAD
POLLOCK, LA 71467

Operator ID: 955
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FRANKIE D CLOMAN
734 HYDE PARK PLACE
SHREVEPORT, LA 71108

Operator ID: 11336
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILFRED CLOPHUS, JR
3121 HODGES ST
LAKE CHARLES, LA 70601

Operator ID: 36468
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KELLY W CLOUD
PO BOX 28
HACKBERRY, LA 70645

Operator ID: 6014
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JACKIE P COATS
11993 HWY 33
CHOUDRANT, LA 71227

Operator ID: 12121
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SCOTTIE R COATS
2187 HWY 151
FARMERVILLE, LA 71241

Operator ID: 12122
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JIMMY A COATS
840 POLEMAN RD
SHREVEPORT, LA 71107

Operator ID: 6104

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

EDWARD L COBB
5372 JAMES CLARK DR
SULPHUR, LA 70665

Operator ID: 12090
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GEORGE B COBB
749 SOUTH PRINCETON DRIVE
MANSFIELD, LA 71052

Operator ID: 37188
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

REGINALD F COBURN
244 PINE CIR
DOYLINE, LA 71023

Operator ID: 963

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WASTEWATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GARY D COBURN
POST OFFICE BOX 220
PALMETTO, LA 71358

Operator ID: 964
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHRISTOPHER L COCKERHAM
POST OFFICE BOX 2915
JENA, LA 71342

Operator ID: 11661
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRYAN L COCKRAN
37403 LYNN DR
PEARL RIVER, LA 70452

Operator ID: 33306
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEFFREY A COCRAN
303 PELICAN CRT
SLIDELL, LA 70461

Operator ID: 6128
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID C CODY
16101 ALPHONSE FORBES RD
GREENWELL SPRING, LA 70739

Operator ID: 2867
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD COFFEY
3312 JUDY DR
MERAUX, LA 70075

Operator ID: 970
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ERIC P COLE
433 ROBERT SONNIER LANE
OBERLIN, LA 70655

Operator ID: 16646
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JASON L COLE
1208 HINKLE DR
WEST MONROE, LA 71291

Operator ID: 24266

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN D COLE
624 COLE RD
KINDER, LA 70648

Operator ID: 32286
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT G COLE
POST OFFICE BOX 456
BETHANY, LA 71007

Operator ID: 8916
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SHELBY W COLEMAN
108 STEPHEN DR
WEST MONROE, LA 71292

Operator ID: 11235

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHNNIE COLEMAN, JR
48144 ROBERTSON RD
TICKFAW, LA 70466

Operator ID: 25207
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TOMMIE D COLLEY
1205 GUM ST
LOGANSPOUT, LA 71049

Operator ID: 34066

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EWING L COLLIER
POST OFFICE BOX 343
GRAMBLING, LA 71245

Operator ID: 11985
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RODNEY D COLLIER
2144 LOUISIANA AVENUE
BATON ROUGE, LA 70806

Operator ID: 38613
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARION N COLLIER
P O BOX 187
CROWVILLE, LA 71230

Operator ID: 5997
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CARNELL COLLIER
5163 FOREST PARK LANE
NEW ORLEANS, LA 70131

Operator ID: 8249
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRIAN K COLLIGAN
264 BERTINOT RD
OPELOUSAS, LA 70570

Operator ID: 37014
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
OP-IN-TRAINING - WD	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

HAROLD E COLLINS
POST OFFICE BOX 184
TALISHEEK, LA 70464

Operator ID: 12966

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CORTEZ M COLLINS
249 BROOKBRIAR DR
SHREVEPORT, LA 71107

Operator ID: 26366
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ADRIAN D COLLINS
2976 EVANGELINE STREET
BATON ROUGE, LA 70805

Operator ID: 28406
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ISAAC COLLINS, III
P O BOX 48
RESERVE, LA 70084

Operator ID: 32089
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KANTRELL P COLLINS
2905 WILLIAMSBURG DR
LAPLACE, LA 70068

Operator ID: 37084
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PAUL T COLLINS
P.O. BOX 249
CENTERVILLE, LA 70522

Operator ID: 5876
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HAZEL E COLLINS
71 SHEARWATER DR
LAPLACE, LA 70068-6451

Operator ID: 6928
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TROY D COLLINS
59310 RAGUSA RD
PLAQUEMINE, LA 70764

Operator ID: 8833
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DIANNE COLLINS
2744 ST ANN STREET
NEW ORLEANS, LA 70119

Operator ID: 980
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FELTON COLLINS, JR
1412 VANARPEL DRIVE
LAPLACE, LA 70068

Operator ID: 982
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ANTHONY R COLOMBO, JR
2705 FABLE ST
MERAUX, LA 70075-2372

Operator ID: 991
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KARON L COLQUETTE
11093 HWY. 585
OAK GROVE, LA 71263

Operator ID: 32387
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SEAN B COLSON
194 SANDRA ST
NATCHITOCHES, LA 71457

Operator ID: 18528
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAN R COMARDELLE
301 FIRST STREET
DES ALLEMANDS, LA 70030

Operator ID: 11326
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SHANE M COMARDELLE
169 FOLSE ROAD
DES ALLEMANDS, LA 70030

Operator ID: 18546

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROSCOE COMARDELLE
200 MALONEY RD
DES ALLEMANDS, LA 70030

Operator ID: 23188
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TY A COMARDELLE
246 CARLON DR
DES ALLEMANDS, LA 70030

Operator ID: 36427

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD C COMEAUX
120 HOUMA BLVD #10
METAIRIE, LA 70001

Operator ID: 39795
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TYLER K COMEAUX
9918 BEAVER CREEK
SHREVEPORT, LA 71106

Operator ID: 40363

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JEREMY M COMPTON
723 ARLINGTON LOT 2
MORGAN CITY, LA 70380

Operator ID: 36158
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRENT L CONERLY
13454 CJ VILLAR ROAD
GONZALES, LA 70737

Operator ID: 12987
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HARVEY M CONERLY
25092 W. OLD COLUMBIA RD
FRANKLINTON, LA 70438

Operator ID: 8230
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

EDWARD N CONLAY, JR
452 NELSON CONLAY ROAD
SALINE, LA 71070-2643

Operator ID: 7985

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM M CONN
543 JIM HINTON
CHOUDRANT, LA 71227

Operator ID: 39922

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARCUS A CONNELLA
378 WALNUT HILL ROAD
LEESVILLE, LA 71446

Operator ID: 11017
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WESLEY CONNER, JR
2915 FITZENREITER RD
LAKE CHARLES, LA 70615

Operator ID: 27266

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 1

20.00

WATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT L CONNER, JR
522 CAUDRON LANE
NEW IBERIA, LA 70560

Operator ID: 40462
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOHN N CONNER
5309 OLD JEANERETTE RD
NEW IBERIA, LA 70563

Operator ID: 4970

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

WATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GREGORY A COOK
PO BOX 116
TALISHEEK, LA 70464

Operator ID: 1016
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAWN M COOK
907 WESLEY AVE
SHREVEPORT, LA 71107

Operator ID: 39337
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KERRY L COOK
PO BOX 189
ADDIS, LA 70710

Operator ID: 8142
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ZACHARY P COOKSEY
8299 SMALL BLOCK RD
APT 1313
NORTHLAKE, TX 76262-3339

Operator ID: 37785
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SARAH L COOLEY
9239 HWY 8
LEESVILLE, LA 71446

Operator ID: 11236

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

AMY B COOPER
1419 IBERIA ST
NEW IBERIA, LA 70560

Operator ID: 27773
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WAYNE J COOPER
318 GUILLOT LEMOINE ROAD
MARKSVILLE, LA 71351

Operator ID: 5919
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THOMAS R COOPER
39668 OAKWOOD ESTATE
PONCHATOULA, LA 70454

Operator ID: 7463
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES E COOPER
723 ST CHARLES ST
BOSSIER CITY, LA 71171

Operator ID: 8160
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THOMAS B COPLIN
40302 HAPPYWOODS ROAD
HAMMOND, LA 70403

Operator ID: 36537
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RONALD C COPPLES
1426 SHAW DR
VINTON, LA 70668

Operator ID: 37210

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

HUGH CORBAN
PO BOX 150
BLDG 8010
PLAQUEMINE, LA 70765-0150

Operator ID: 1030

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WASTEWATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIS D CORBIN
2991 ROUNDHILL RD
OAK GROVE, LA 71263

Operator ID: 42524
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROY E CORCORAN
POST OFFICE BOX 173
SLAUGHTER, LA 70777

Operator ID: 1033
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JIMMY D CORDOVA
1228 CHARLIE JONES RD
GRAND CANE, LA 71032

Operator ID: 1034
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WANDA J CORDOVA
1228 CHARLIE JONES RD
GRAND CANE, LA 71032

Operator ID: 1035
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DENIS G COREIL
6502 WOODSIDE
ZACHARY, LA 70791

Operator ID: 32626
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

NATHAN L CORKERN
29853 RED OAK RD
LIVINGSTON, LA 70754

Operator ID: 1038

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOHN M CORKERN, SR
22137 WALKER SOUTH RD
LOT 29
DENHAM SPRINGS, LA 70726

Operator ID: 31566
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEITH L CORKERN
11222 SUNCREST CT.
BATON ROUGE, LA 70818

Operator ID: 9679
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JASON P CORKRAN
2526 THOMAS LN
LAKE CHARLES, LA 70605

Operator ID: 37841
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROGER L CORLEY
375 MILLCREEK ROAD
SALINE, LA 71070

Operator ID: 12312

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BILLY R CORLEY
1590 HOMER ST
POLLOCK, LA 71467

Operator ID: 5464
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PAUL E CORMANE
911 HWY 494
NATCHITOCHES, LA 71457

Operator ID: 1040
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KATHY G CORMIER
POST OFFICE BOX 196
ROANOKE, LA 70581

Operator ID: 10209
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSCIN B CORMIER
145 JOLI ST
CARENCRO, LA 70520

Operator ID: 1043
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL CORMIER
700 HIGHWAY 35
CHURCHPOINT, LA 70525

Operator ID: 28332

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 1

20.00

WATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BORIS CORMIER
427 11TH ST
BREAUX BRIDGE, LA 70517

Operator ID: 37088
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRYAN K CORMIER
P O BOX 204
EGAN, LA 70531

Operator ID: 7097
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DWAYNE D CORNIN
126 SEWER PLANT RD
BELLE CHASE, LA 70037

Operator ID: 11617
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSHUA D CORRAO
3046 LONE OAK
SHREVEPORT, LA 71118

Operator ID: 29306
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLAY A CORTEZ
708 JEFFERSON ST
THIBODEAUX, LA 70301

Operator ID: 1055
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HERMAN J CORTEZ, JR
168 CARLON DRIVE
DES ALLEMANDS, LA 70030

Operator ID: 1057
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TAIT P CORTEZ
2401 HWY 654
GHEENS, LA 70355

Operator ID: 25208
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GERALD J CORTEZ
5854 HWY 182 SOUTH
OPELOUSAS, LA 70570

Operator ID: 34326
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LARRY COTTEN
1054 NEWMAN ST
SICILY ISLAND, LA 71368

Operator ID: 1061
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANETRA A COTTON
4760 HWY 507
COUSHATTA, LA 71019

Operator ID: 40403
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANIEL E COTTON
PO BOX 573
COUSHATTA, LA 71019

Operator ID: 6951
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THOMAS L COTTON
POB 453
KROTZ SPRINGS, LA 70750

Operator ID: 9984
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LARRY J COTTRELL
81445 LUCAS LANE
BUSH, LA 70431

Operator ID: 6265

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

WATER PRODUCTION 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD W COUCH
8447 HWY 165
POLLOCK, LA 71467

Operator ID: 15166
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRISTOPHER P COUCH
24560 PECAN POINTE DR
PLAQUEMINE, LA 70764

Operator ID: 42022
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

M S COUCH
2500 CASSIE LANE
LAKE CHARLES, LA 70605

Operator ID: 7987
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANNY F COURSON
12487 WALLACE ROAD
BASTROP, LA 71220

Operator ID: 1065
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TIMMY J COURVILLE
1074 SOSTHEN GUILBEAU ROA
BREAUX BRIDGE, LA 70517

Operator ID: 8562
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARK T COVINGTON
9389 HIGHLAND OAKS AVE
ZACHARY, LA 70791

Operator ID: 25209
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MALCOLM E COWDIN
3812 BLOCK DR #157
IRVING, TX 75038

Operator ID: 1071
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHEAL M COWDIN
P O BOX 130
KEATCHIE, LA 71046

Operator ID: 39334

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RANDY L COX
POST OFFICE BOX 293
NEW LLANO, LA 71461

Operator ID: 1072
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TERRY C COX
485 BOBBY COX RD
DOWNSVILLE, LA 71234

Operator ID: 10720

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CALVIN L COX
3412 SHREVEPORT HWY
PINEVILLE, LA 71360

Operator ID: 1076
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARK A COX
116 EAST 13TH STREET
EDGARD, LA 70049

Operator ID: 12010
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANIEL D COX
PO BOX 1153
DEQUINCY, LA 70633

Operator ID: 22646
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRANDON COX
115 WHITE LOOP ROAD
PINEVILLE, LA 71360

Operator ID: 25683
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES A COX
712 BOZO RD
BELL CITY, LA 70630

Operator ID: 7822
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TIMOTHY J CRADEUR
P O BOX 55
MORSE, LA 70526

Operator ID: 37167
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BILLY R CRAIG
1347 WAFER RD
HAUGHTON, LA 71037

Operator ID: 16927
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VALERIE V CRAPPELL
437 LEO STREET
PATTTERSON, LA 70392

Operator ID: 25684
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID L CRAUN
9215 HWY 165 SOUTH
WOODWORTH, LA 71485

Operator ID: 8564
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARTIN F CRAWFORD, SR
2321 W CHRISTIE ST
ST BERNARD, LA 70085

Operator ID: 2844
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GARY J CRAWFORD
226 MUDGE RD
BOYCE, LA 71409

Operator ID: 7047
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM C CREARY
209 FLAGG DRIVE
HAUGHTON, LA 71037

Operator ID: 28294
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PATRICK CREDEUR, JR
400 TRAPPEY ROAD
CARENCRO, LA 70520

Operator ID: 4976

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CARROLL L CREDEUR
1011 CARVER ST
RAYNE, LA 70578

Operator ID: 8086
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEFFERY L CREDEUR
12401 FOLKLAND RD
WELSH, LA 70591

Operator ID: 8087
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNY E CREEL
8075 HWY 126
OLLA, LA 71465

Operator ID: 7567
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEE N CRIDER
POST OFFICE BOX 623
DRY CREEK, LA 70637

Operator ID: 10212
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BILLY W CRIPPLE
PO BOX 28
WATSON, LA 70786-0028

Operator ID: 1092
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSHUA M CROCHET
1331 SHAMROCK DRIVE
BOSSIER CITY, LA 71112

Operator ID: 12219
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

AUDIE C CROSS
731 BONNABEL BLVD
METAIRIE, LA 70005

Operator ID: 41523

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DOUGLAS L CROTTY, III
32044 LONGVIEW ST
PAULINA, LA 70763

Operator ID: 13089

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TINA A CROWELL
121 SANDERS ST
PINEVILLE, LA 71360

Operator ID: 27286
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILBUR T CROWSON
3524 CONNETTICUT AVE
KENNER, LA 70065

Operator ID: 7465
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MERLIN CRYER
3325 VILLERE ST
MANDEVILLE, LA 70448

Operator ID: 36494

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SAMUEL J CUCCIO
145 TISON RD
CARENCRO, LA 70520

Operator ID: 8164
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BENJAMIN A CULBERTSON
76 JOHNSON LANE
MANY, LA 71449

Operator ID: 16366
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN F CULPEPPER, SR
259 ROME RD
JONESBORO, LA 71251

Operator ID: 18549
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN F CULPEPPER, JR
252 ROME RD
JONESBORO, LA 71251

Operator ID: 31146
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL L CUMMINGS
7536 TRICIA COURT
NEW ORLEANS, LA 70128

Operator ID: 32627
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD V CUNNINGHAM
532 HUSEMAN LANE
COVINGTON, LA 70435

Operator ID: 36159
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES F CUNNINGHAM
12317 PHEASANTWOOD DRIVE
BAKER, LA 70714

Operator ID: 9626

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RUSTY P CUPSTID
40053 BUR ST
PONCHATOULA, LA 70454

Operator ID: 27386
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CRAIG R CURE
400 AYCOCK STREET
ARABI, LA 70032

Operator ID: 32628
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANDREW J CURE
400 AYCOCK ST
ARABI, LA 70032

Operator ID: 6051
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DEBRA J CURNEY
128 SUGARWOOD BLVD
HOUMA, LA 70360

Operator ID: 1122
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN D CURRAN
1404 CELESTE ST
VINTON, LA 70668

Operator ID: 6315
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM I CURRIE
117 LAKE TYLER DRIVE
PINEVILLE, LA 71360

Operator ID: 13206
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LYNETTE CURRIER
41505 RUE MAISON
PONCHATOULA, LA 70454

Operator ID: 9214
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RODNEY M CURTIS
185 BELLE TERRE BLVD
LAPLACE, LA 70068

Operator ID: 5145
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BOBBY O CUTRER, JR
1331 9TH STREET
KENTWOOD, LA 70444

Operator ID: 11019
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JASON S CUTRER
2106 BRITTANY DR
PORT ALLEN, LA 70767

Operator ID: 1126
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID W CUTRER
7868 KRIPPLE K
DENHAM SPRINGS, LA 70706

Operator ID: 5406
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMARCUS R DADE
509 ABE BENTON RD
CHOUDRANT, LA 70227

Operator ID: 39630
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONALD J DAIGLE
103 BETH DR
LAFAYETTE, LA 70507

Operator ID: 1131
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MALCOLM J DAIGLE
2083 AMIE DRIVE
IOWA, LA 70647

Operator ID: 12888
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL J DAIGLE
3225 BUNKER HILL ROAD
LAKE CHARLES, LA 70611

Operator ID: 30767
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HAROLD A DALE
764 RAINBOW DR
SHREVEPORT, LA 71106

Operator ID: 16946
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM L DALEY
24150 HWY 435
ABITA SPRINGS, LA 70420

Operator ID: 26754
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID A DALMAN
109 GREENFIELD DRIVE
CARENCRO, LA 70520

Operator ID: 7343
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHILTON E DANIEL, JR
1006 PARK AVE
NEW IBERIA, LA 70560

Operator ID: 11021
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEN M DANIEL, JR
213 RUE ENUIE ST
CARENCO, LA 70520

Operator ID: 23906
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LISIMBA K DANIELS
P O BOX 1321
OPELOUSAS, LA 70571

Operator ID: 10973
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00
WATER PRODUCTION 2	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STACI D DANIELS
1817 BLANKENSHIP DR
DERIDDER, LA 70634

Operator ID: 13227
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BERNARD DANIELS
10535 HWY 182 WEST
FRANKLIN, LA 70538

Operator ID: 6438
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GERALD T DANTIN
14703 EAST MAIN ST
CUTT OFF, LA 70345

Operator ID: 19134
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JERRY R DANTZLER
8738 LINKWOOD DR
DENHAM SPRING, LA 70706

Operator ID: 32407
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD D DARBONNE
650 N. 12TH STREET
EUNICE, LA 70535

Operator ID: 1147
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PAUL J DARBONNE
2901 SAVOY ST
BASILE, LA 70515

Operator ID: 15186

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ISAAC DARBONNE
1487 FAIRMONT AVE
MORGAN CITY, LA 70382

Operator ID: 30787
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CALVIN J DARBONNE, JR
204 A ADAM LANE
DUSON, LA 70529

Operator ID: 6899
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LARRY A DARBY, JR
206 VIRGINIA ST
JEANERETTE, LA 70544

Operator ID: 5551
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRANDON P DARDEAU
1031 CRAIG ST
VILLE PLATTE, LA 70586

Operator ID: 32346
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVY W DARDEN
3841 CHITIMACHA TRAIL
JEANERETTE, LA 70544

Operator ID: 1152

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RONALD DARENSBURG
2026 BODENGER BLVD
NEW ORLEANS, LA 70114

Operator ID: 1153

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TANNARD DARENSBURG
2240 KILLINGTON DRIVE
HARVEY, LA 70058

Operator ID: 8755
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TAMMY L DARRAH
1422 GLENVIEW DRIVE
DERIDDER, LA 70634

Operator ID: 7219
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ERIC D DARTEZ
434 SID LN
LAKE CHARLES, LA 70611

Operator ID: 7533
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES DARTEZ
10231 GULF HWY
LAKE CHARLES, LA 70607

Operator ID: 9642
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EDWARD DARVILLE, JR
37218 ANDERSON RD
GEISMAR, LA 70734

Operator ID: 25211
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD G DAUGHDRILL
551 ATALIN STREET
MANDEVILLE, LA 70448

Operator ID: 1158
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DENNIS L DAUGHERTY
POST OFFICE BOX 130
KEATCHIE, LA 71046

Operator ID: 1159
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RENE M DAUSSIN
2217 MARIETTA STREET
CHALMETTE, LA 70043

Operator ID: 8000
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALAN J DAUTREUIL
608 ASHTON STREET
NEW IBERIA, LA 70563

Operator ID: 1163
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DARRELL P DAUZART
PO BOX 777
PLAQUEMINE, LA 70765

Operator ID: 36387
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOEY D DAUZAT
P.O. BOX 279
JOYCE, LA 71440

Operator ID: 36126
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEROY DAVENPORT
5211 BYFAUL
BAKER, LA 70714

Operator ID: 1166
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRIS DAVEZAC
PO BOX 310
ZACHARY, LA 70791

Operator ID: 1169
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN R DAVID
1226 KINGS VIEW CIR
JACKSON, LA 70749

Operator ID: 11786
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH R DAVID, JR
4302 MANDA RD
TORBERT, LA 70762

Operator ID: 12110
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RANDY W DAVID
4498 HWY 1
NAPOLEONVILLE, LA 70390

Operator ID: 14129
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RICHIE L DAVID
P.O. BOX 102
LIVONIA, LA 70755

Operator ID: 34746

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TED L DAVIDSON
322 PRAIRIE ROAD
MONROE, LA 71202

Operator ID: 1174
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

AARON D DAVIS
P O BOX 817
ROBERT, LA 70455

Operator ID: 10547
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT J DAVIS
112 MARILYN DR
SLIDELL, LA 70461

Operator ID: 11024
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILL H DAVIS
1511 SOUTH 7TH STREET
MONROE, LA 71202

Operator ID: 11494
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOEY H DAVIS
7499 MINETTE LN
BATON ROUGE, LA 70818

Operator ID: 11668
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CURTIS M DAVIS
5562 PINE HILL ROAD
SHREVEPORT, LA 71107

Operator ID: 1176
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HERBERT L DAVIS
2918 ST PETER ST
NEW ORLEANS, LA 70119

Operator ID: 1184
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RUBETTA J DAVIS
58615 CAPTAIN TT HARRIS
PLAQUEMINE, LA 70764

Operator ID: 1191
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CALVIN DAVIS, JR
324 EVANGELINE STREET
NEW IBERIA, LA 70560

Operator ID: 1196
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THOMAS E DAVIS
P.O. BOX 335
NEW ROADS, LA 70760

Operator ID: 15226
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMISON L DAVIS
730 IRVING BLUFF
SHREVEPORT, LA 71107

Operator ID: 16966
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RANDY G DAVIS
4920 CAMPJOY RD
HAUGHTON, LA 71037

Operator ID: 25707
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DEREK A DAVIS
264 ORANGE ST
DEQUINCY, LA 70633

Operator ID: 27567
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RONALD J DAVIS
1301 RAILROAD AVE
FRANKLIN, LA 70530

Operator ID: 28359
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEPHEN J DAVIS
321 STEWART AVE
WEST MONROE, LA 71292

Operator ID: 28446
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FLOYD L DAVIS
13330 BAYOU TERRACE DR
ST AMANT, LA 70774

Operator ID: 30796
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JERRY A DAVIS, JR
615 WEST B STREET
NORCO, LA 70079

Operator ID: 35147
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DEDDRICK D DAVIS
2929 RAY WEILAND DR
APT 217
BAKER, LA 70714

Operator ID: 38614
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BERNARD DAVIS
5411 BROWNFIELD DR
BATON ROUGE, LA 70811

Operator ID: 38770

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

WATER PRODUCTION 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CLAVE M DAVIS, SR
PO BOX 220
NATCHEZ, LA 71456

Operator ID: 5498

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RAYMOND W DAVIS
2728 W JORDAN STREET
SHREVEPORT, LA 71103

Operator ID: 6112
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRISTOPHER D DAVIS
801 STILL COURT
MADISONVILLE, LA 70447

Operator ID: 6442
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TODD A DAVIS
8900 ACACIA LN
SHREVEPORT, LA 71118

Operator ID: 6807
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LARRY J DAVIS
3300 WALL BLVD APT 18C
GRETNA, LA 70056

Operator ID: 8250

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WATER DISTRIBUTION 4

20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BARRY W DAVIS, SR
261 EASY STREET
FRANKLIN, LA 70538

Operator ID: 8570

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 3

20.00

WATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CARIE G DAVIS
2588 N PERKINS FERRY RD
APT 4
LAKE CHARLES, LA 70611

Operator ID: 9195
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN F DAWSEY
64475 CHERRY
ANGIE, LA 70426

Operator ID: 6444
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BILLY J DAWSON
2201 OLD SPANISH TRAIL
WESTLAKE, LA 70669

Operator ID: 9593
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RANDALL S DAY
351 WOODARD DRIVE
MINDEN, LA 71055

Operator ID: 7224
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

EDWARD W DAYTON
4113 WOODWAY DRIVE
MONROE, LA 71201

Operator ID: 1202
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CURTIS L DEAN
592 CURTIS DEAN ROAD
DOWNSVILLE, LA 71234

Operator ID: 10568

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RACHEL G DEAN
235 DENTON RD
FARMERVILLE, LA 71241

Operator ID: 37156

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

WASTEWATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL J DEAN
70418 I ST
COVINGTON, LA 70433

Operator ID: 37792
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHAD D DEARIEN
6937 STARBOARD DR
SULPHUR, LA 70665

Operator ID: 36672

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TRAVIS DEASON
1511 HWY 114
HESSMER, LA 71341

Operator ID: 9781

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHADWICK J DEBETAZ
1680 O'NEAL LANE
APT 264
BATON ROUGE, LA 70816

Operator ID: 10924
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BARRY B DEBLIEUX
POST OFFICE BOX 5337
BOSSIER CITY, LA 71171-5337

Operator ID: 11598
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES D DECELLE
POST OFFICE BOX 5337
BOSSIER CITY, LA 71171

Operator ID: 11844
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SARA A DECUIR
7104 LAKECREST DRIVE
ZACHARY, LA 70791

Operator ID: 38594

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 2

20.00

WASTEWATER TREATMENT 2

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DALTON R DECUIR
113 HAYDITE AVENUE
LAFAYETTE, LA 70507

Operator ID: 7006
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOAN A DECUIR
1181 COCOVILLE ROAD
MANSURA, LA 71350

Operator ID: 7870
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES H DECULUS
PO BOX 396
OBERLIN, LA 70655

Operator ID: 6778
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL B DEEM
266 DEEM ROAD
ATHENS, LA 71003

Operator ID: 10015
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT N DEES
4939 WOODLYN ST
BATON ROUGE, LA 70816

Operator ID: 1217
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES D DEFRIEND
4527 GILBERT DR
SHREVEPORT, LA 71106

Operator ID: 5958
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PETER A DEGEYTAIR
6038 BRANCH HWY
BRANCH, LA 70516

Operator ID: 15286
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DALE B DEGEYTER
1231-A HEBERT AVENUE
BREAUX BRIDGE, LA 70517

Operator ID: 8772
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROXANNA L DEGGS-NUMBERS
306 WHIPPOORWILL RD
DERIDDER, LA 70634-7123

Operator ID: 6238
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BOBBY J DEGUEYTER
2670 OSCAR RIVETTE ROAD
ARNAUDVILLE, LA 70512

Operator ID: 1222
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SHAWN A DEJEAN, SR
228 S DUPRE ST
NEW ORLEANS, LA 70119

Operator ID: 8288

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DANIJEL M DEKOVIC
122 TAU ST
BELLE CHASE, LA 70037

Operator ID: 39675

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TRYGUE B DELAFOSSE
3310 BROAD ST
LAKE CHARLES, LA 70615

Operator ID: 8002

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALLEN P DELANEUVILLE
244 W 8TH STREET
RESERVE, LA 70084

Operator ID: 1230
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BISHOP O DELANEY
521 DEBBIE ST
HAUGHTON, LA 71037

Operator ID: 8170
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH W DELAPASSE
1613 ORLEANS QUARTERS
BRUSLY, LA 70719

Operator ID: 28331
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALTON A DELARGE, III
3830 BRUXELLES ST
NEW ORLEANS, LA 70122

Operator ID: 32726
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JONATHAN B DELATTE
221 BELLE HELENE
THIBODAUX, LA 70301

Operator ID: 37086
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

AARON D DELAUNE
46510 LAUREL RIDGE ROAD
ST AMANT, LA 70774

Operator ID: 11633
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JERARD S DELCAMBRE
303 COPPERFIELD WAY
YOUNGSVILLE, LA 70592

Operator ID: 10501
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENT C DELCAMBRE
316 W MAIN ST
NEW IBERIA, LA 70560

Operator ID: 1234
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RICKEY J DELCAMBRE
1013 PEGGY ST
NEW IBERIA, LA 70560

Operator ID: 1235

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT L DELMORE
22185 LIBERTY ROAD
ZACHARY, LA 70791

Operator ID: 30026
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH DELOCH
1243 GEORGIA AVE
PORT ALLEN, LA 70767

Operator ID: 1237
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DIANA C DELONE
PO BOX 169
PLAQUEMINE, LA 70765-0169

Operator ID: 38153

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

WASTEWATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT E DEMARS, JR
10553 PURPLE MARTIN CT
DENHAM SPRINGS, LA 70726

Operator ID: 1239
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAKE M DEMPSTER
111 SAINT ANTHONY ST
LULING, LA 70070

Operator ID: 11946
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEVE B DENMARK
P.O. BOX 73099
BATON ROUGE, LA 70874

Operator ID: 29927
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEPHEN J DENNEY
152 THEOPHILE RD
VILLE PLATTE, LA 70586

Operator ID: 24986
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

REID L DENNIS
1216 N HAGAN
NEW ORLEANS, LA 70119

Operator ID: 10601
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MELBURN E DENNIS
20134 ARTHUR RD
COVINGTON, LA 70433

Operator ID: 37774
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD R DENOVA
POST OFFICE BOX 150
MAIL ROUTING BLDG 3502
PLAQUEMINE, LA 70765-0150

Operator ID: 11138
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICAH J DERANIERI
704 N 22ND
NEDERLAND, TX 77626

Operator ID: 36673
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DWAYNE P DEROCHE
PO BOX 762
BOURG, LA 70343

Operator ID: 1251
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DEAN P DEROUEN
318 W LAFAYETTE ST
MAURICE, LA 70555

Operator ID: 1208
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT D DEROUEN, JR
3655 MAIN HWY
BREAUX BRIDGE, LA 70517

Operator ID: 1209
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TRENT M DEROUEN
316 W MAIN ST
NEW IBERIA, LA 70560

Operator ID: 36887
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT J DEROUEN
223 TUMBLE BROOK ST
SLIDELL, LA 70461

Operator ID: 6255
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH P DEROUEN
5810 OLD LA 25
NEW IBERIA, LA 70560

Operator ID: 8133
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DANIEL DEROUSSELLE, JR
105 TANYA STREET
LAFAYETTE, LA 70507

Operator ID: 1253
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

AL S DEROZAN
9231 MANDELA STREET
NEW ROADS, LA 70760

Operator ID: 6633
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRAD E DESADIER
503 NEIL WAGONER DR
WINNFIELD, LA 71483

Operator ID: 27786

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAMIAN P DESALVO
904 MAIN STREET
BELLE CHASSE, LA 70037

Operator ID: 1210
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PHILLIP J DESHOTEL
1835 S LAKE ARTHUR AVE
LOT 24
JENNINGS, LA 70546

Operator ID: 11025
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LUKE DESHOTELS
1302 LAHAYE ROAD
MAMOU, LA 70554

Operator ID: 10214

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KEITH P DESHOTELS
15487 HWY 182
BUNKIE, LA 71322

Operator ID: 5216
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CARL J DESSELLE
17384 JOHN BROUSSARD RD
PRAIRIEVILLE, LA 70769

Operator ID: 1255

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 4

20.00

WATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL A DETILLIER
206 ADAMS ST
RACELAND, LA 70394

Operator ID: 1264

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 4

20.00

WATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARK S DEVAL
14325 GEMINI DR
PRIDE, LA 70770

Operator ID: 1265
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID W DEVAL
21550 PRIDE - BAYWOOD ROA
CLINTON, LA 70722

Operator ID: 7820
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JIMMY L DEVILLE
11540 DONNA AVE
DENHAM SPRINGS, LA 70726

Operator ID: 2853
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CURTIS R DEVILLE
P O BOX 310
FENTON, LA 70640

Operator ID: 32306
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STONE J DEVILLIER
P.O. BOX 156
CECILIA, LA 70521

Operator ID: 36066

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 1

20.00

WATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRANNON M DEVILLIER
4441 CHOCTAW RD
BRUSLY, LA 70719

Operator ID: 6900
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES B DEZENDORF
451 HUDSON CREEK RD
COLFAX, LA 71417

Operator ID: 37782
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALDEN M DI GIOVANNI
2211 15TH ST
KENNER, LA 70062

Operator ID: 1269
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KRISTIE L DIAL
104 BRANCH ST
WEST MONROE, LA 71292

Operator ID: 37077
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GARCIA D DIALEKWA
4632 UNION DR
BATON ROUGE, LA 70814

Operator ID: 1271
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT P DIAZ
13614 ARABIE RD.
RAYNE, LA 70578

Operator ID: 19586
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RALPH J DICKERSON, JR
58519 CAPTAIN T T HARRIS
PLAQUEMINE, LA 70764

Operator ID: 10569

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

HARRY W DICKERSON
503 EASON PLACE
MONROE, LA 71201

Operator ID: 1282
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SHANE E DICKERSON
2621 PELICAN BAY BLVD
MARRERO, LA 70072

Operator ID: 30746
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SHERMAN DICKERSON
325 NOTTOWAY DRIVE
DESTREHAN, LA 70047

Operator ID: 6344
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RANDY A DIEGEL
2689 HWY 1010
LABADIEVILLE, LA 70372

Operator ID: 28147
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SHAWN M DIGBY
PO BOX 1430
LAKE CHARLES, LA 70602

Operator ID: 36453
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONALD W DILL
1617 SMITHPORT LAKE RD
MANSFIELD, LA 71052

Operator ID: 1287
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MORGAN W DILL
1617 SMITHPORT LAKE ROAD
MANSFIELD, LA 71052

Operator ID: 8003
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PAUL C DILLON
1509 PEACH
VIDALIA, LA 71373

Operator ID: 28970
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARK S DILMORE
576 WALLACE RD
STERLINGTON, LA 71280

Operator ID: 36328

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DOMINICK DIMATTIA
29545 LARD ROAD
HOLDEN, LA 70744

Operator ID: 7655
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CALVIN J DINET
144 FOREST DRIVE
BELLE CHASSE, LA 70037

Operator ID: 1294
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PETER D DISPENZA
1135 WALLACE DEAN RD. #19
WESTMONROE, LA 71291

Operator ID: 1296
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HOWARD J DIXON, JR
12640 ISLAND ROAD
ST FRANCISVILLE, LA 70775

Operator ID: 11670
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALVIN L DIXON
2704 SHED RD 177L
BOSSIER, LA 71111-5337

Operator ID: 16987
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANTHONY L DIXON
148 RIVER POINTE DR
LA PLACE, LA 70068

Operator ID: 32728
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SUSAN E DIXON
844 HIGHLAND PARK DRIVE
BATON ROUGE, LA 70808

Operator ID: 36850
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT L DIXON
2665 WINNSBORO RD LOT 22
MONROE, LA 71202-9547

Operator ID: 41182
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VY D DO
1037 MARVIN COURT
HARVEY, LA 70058

Operator ID: 10018
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HUY T DO
3080 58TH ST
PORT ARTHUR, TX 77640

Operator ID: 26126
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSEPH W DOCKINS
POST OFFICE BOX 960
CAMERON, LA 70631

Operator ID: 6884
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID P DODD
29563 CHRISTOPHER BLVD
WALKER, LA 70785

Operator ID: 40723
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIE G DOHERTY
6577 HWY 84 E
WINNFIELD, LA 71483

Operator ID: 6019

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOZEF DOLEJSI
907 HUMPRREY STREET
JENNINGS, LA 70546

Operator ID: 12586
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JEAN F DOMENGEAUX
136 LOT 1 MEYER LANE
DES ALLEMANDS, LA 70030

Operator ID: 1315

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WASTEWATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TIMOTHY A DOMINGUE
1017 EMERANTE DR
BREAUX BRIDGE, DR 70517

Operator ID: 38891

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

EUGENE A DOMINGUE, JR.
24215 JASE ST
PLAQUEMINE, LA 70764

Operator ID: 6446
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ADLEY J DOMINIQUE
2823 HWY 306
DES ALLEMANDS, LA 70030

Operator ID: 7466
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WESLEY G DONNAUD
295 ANNA ST
AMA, LA 70031

Operator ID: 36467
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KOLBY K DONNAUD
P.O. BOX 108
LULING, LA 70070

Operator ID: 38356
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KYLE C DONOHUE
1101 BARBE DR
WESTWEGO, LA 70094

Operator ID: 39390
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

THOMAS J DONOVAN
219 WEST HICKORY ST
MANDEVILLE, LA 704713007

Operator ID: 1324
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEVEN N DORAN
PO BOX 89
REEVES, LA 70658

Operator ID: 13406
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GEORGE A DORR
503 RIVER VIEW DR
JENNING, LA 70546

Operator ID: 38971
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

IRIAN R DORSEY
7212 GENTRY RD
MARRERO, LA 70072

Operator ID: 38370
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DOROTHY A DORSEY
6252 SOUTH INWOOD ROAD
SHREVEPORT, LA 71119

Operator ID: 637

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KIRK A DOSS
3507 HWY 167
DUBACH, LA 71235

Operator ID: 17546
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARGARET A DOUCET
9353 HWY 182
OPELOUSAS, LA 70570

Operator ID: 2854
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PRESTON K DOUCET
722 EAST SECOND ST
JENNINGS, LA 70546

Operator ID: 32731

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

OTTO J DOUCET
327 WALLACE RD
WEST MONROE, LA 71291

Operator ID: 42565
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RANDOLPH G DOUCET
2125 JAMES DR
MARRERO, LA 70072

Operator ID: 5018
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSEPH C DOUCET
9557 BURNSIDE ROAD
BUECHE, LA 70729

Operator ID: 7126

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL E DOWTY
5604-B COLISEUM BLVD
ALEXANDRIA, LA 71303

Operator ID: 2868
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RANDY A DOYLE
5046 JIMMIE DOYLE RD
STARKS, LA 70661

Operator ID: 37908
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BENJAMIN J DOYLE
150 CASTOR PLUNGE ROAD
WOODWORTH, LA 71485

Operator ID: 8575
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JONATHAN W DRENNAN
11 RICHMOND PL
NEW ORLEANS, LA 70115

Operator ID: 6634
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

EDWIN A DRESCHER
18140 DIAZ RD
PRAIRIEVILLE, LA 70769

Operator ID: 18006

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLINT D DREW
6825 HWY 474
FLORIEN, LA 71429

Operator ID: 25386
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES E DRUDGE
5623 HWY 117
PROBENCAL, LA 71468

Operator ID: 7570
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRANDON J DUBOIS
253 DYSON ROAD
MONTGOMERY, LA 71457

Operator ID: 32208
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANIEL R DUBROC
6224 ST ANN ST
PINEVILLE, LA 71360

Operator ID: 5100
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

REGINALD J DUCOTE
PO BOX 158
MOREAUVILLE, LA 71355

Operator ID: 40362

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DENNIS J DUCREE
25547 WEST SYCAMORE
LACOMBE, LA 70445

Operator ID: 11455
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RICHARD C DUDLEY
3233 CHURCH STREET
JACKSON, LA 70748

Operator ID: 1362
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLIFF E DUFOUR
9825 FULWOOD DR
BATON ROUGE, LA 70818

Operator ID: 40882
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MURRAY L DUFRENE
POST OFFICE BOX 814
BOUTTE, LA 70039

Operator ID: 12346
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EARL J DUFRENE, JR
P O BOX 3452
PARADIS, LA 70080

Operator ID: 1368
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALVIN J DUFRENE, JR
P O BOX 1412
PARADIS, LA 70080

Operator ID: 1370
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARK P DUFRENE
2364 HIGHWAY 1
RACELAND, LA 70394

Operator ID: 34786
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 2	20.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JACOB DUFRENE
229 OAK LANE
LULING, LA 70070

Operator ID: 8124
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RODNEY P DUGAS, JR
124 S ST ANTOINE ST
LAFAYETTE, LA 70506

Operator ID: 4940

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH W DUGAS, JR
65635 SHELBY K DRIVE
PLAQUEMINE, LA 70764

Operator ID: 8884
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EARL D DUGGER
4607 LANNY ST
ALEXANDRIA, LA 71303

Operator ID: 5599
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT J DUHE
408 T LEIGH DR
HOUMA, LA 70364

Operator ID: 1381

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 3

20.00

WATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LOUIS J DUHE, JR
807 AVENUE E
BRIDGECITY, LA 70094

Operator ID: 1385
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DUANE D DUHE
904 AVENUE C
WESTWEGO, LA 70094

Operator ID: 1386
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CRAIG J DUHE
19740 RUDY LEE RD
LIVINGSTON, LA 70754

Operator ID: 35566
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES M DUHE
14171 RODDY ROAD
GONZALES, LA 70737

Operator ID: 40302

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALEX J DUHE
39621 PONDEROSA ROAD
PAULINA, LA 70763

Operator ID: 9019
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 3	20.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRANDON DUHE
478 W MAPLE LOOP
LAPLACE, LA 70068-4423

Operator ID: 9512
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JERRY J DUHON
12225 TROYVILLE ROAD
HAMMOND, LA 70403

Operator ID: 10220

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES C DUHON
160 ERIC ROAD
LAKE CHARLES, LA 70607

Operator ID: 11243
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RYAN S DUHON
637 PERSHING HWY
SUNSET, LA 70584

Operator ID: 14746
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BELTON J DUHON, SR
PO BOX 610
DRY CREEK, LA 70634

Operator ID: 36327
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LLOYD C DUHON
129 CLARA DUPUY
GRAY, LA 70359

Operator ID: 38530
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL J DUHON
1528 GERORGIA RD
MOSS BLUFF, LA 70611

Operator ID: 5245
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALLEN R DUKE
5245 PINE ST WHY 190 W
DERIDDER, LA 70634

Operator ID: 36161
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLAUDE J DUMAS
2206 EAST BAYOU RD
DONALDSONVILLE, LA 70346

Operator ID: 10838
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BEVERLY C DUMAS
1937 WILTON DR
NEW ORLEANS, LA 70122

Operator ID: 1392
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MELVIN J DUMAS, JR
POST OFFICE BOX 344
VACHERIE, LA 70090

Operator ID: 8870
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THOMAS L DUNAGAN
601 ST MAURICE LANE
NATCHITOCHE, LA 71457

Operator ID: 6135
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES M DUNAWAY
294 EMMA CEMETERY RD
COTTON VALLEY, LA 71018-2402

Operator ID: 5680
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT L DUNBAR, JR
520 MONTGOMERY RD
OPELOUSAS, LA 70570-0425

Operator ID: 25711
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WENDELL DUNCAN
12811 DRIFTWOOD DR
BAKER, LA 70714

Operator ID: 13547
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

EDWARD E DUNCAN
226 THOMASVILLE RD
SAREPTA, LA 71071

Operator ID: 37777

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KENNETH E DUNHAM
206 DUNHAM LN
DELHI, LA 71232

Operator ID: 20006
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LESLIE L DUNN, JR
333 BERMUDA RD
NATCHITOCHES, LA 71457-2943

Operator ID: 1400
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID P DUNN
133 TIGER LAKE CUT OFF RD
LECOMPTE, LA 71346

Operator ID: 8577
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SAMUEL L DUNNEHOO
823 BEL FIRE TOWER ROAD
REEVES, LA 70658

Operator ID: 6455
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SHAWN P DUPATY
P O BOX 178
PLATTENVILLE, LA 70393

Operator ID: 7322
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARK J DUPLANTIS
224 WOODBURN DR
HOUMA, LA 70364

Operator ID: 6966
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

HAMMY DUPLACHIN, JR
P O BOX 74
BASILE, LA 70515

Operator ID: 1404
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ANDREW W DUPLCHIN
2321 DR BOBBY DESHOTEL AV
BASILE, LA 70515

Operator ID: 21826

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GERALD DUPLECHIN, JR
PO BOX 1009
KINDER, LA 70648

Operator ID: 24987
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALVIS W DUPLECHIN
2313 SCHAMBERS ST
BASILE, LA 70515

Operator ID: 28946
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEVAR D DUPLESSIS
1937 JOSEPH DR
POYDRAS, LA 70085

Operator ID: 11618
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL T DUPLESSIS
4822 CERISE AVE
NEW ORLEANS, LA 70127

Operator ID: 20367
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRANDON M DUPLESSIS
1203 WEST FIRST STREET
APT A
BELLE CHASE, LA 70037

Operator ID: 36504
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHAD C DUPLESSIS
P O BOX 1205
BRAITHWAITE, LA 70040

Operator ID: 37811
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GARY D DUPLICHAN
1916 HONEYSUCKLE CIRCLE
SULPHUR, LA 70663

Operator ID: 1406
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TYLER J DUPONT
302 ST. CHARLES BLVD
LULING, LA 70070

Operator ID: 6456
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

INGA S DUPRE
479CELESTINE ST
WEST WEGO, LA 70094

Operator ID: 7816
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DALE R DUPREE
P.O. BOX 35800
ATTENTION: ELIZABETH SMITH
WEST MONROE, LA 71294-5800

Operator ID: 16746
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEREMY C DUPREE
4332 MAXINE ST
PORT ALLEN, LA 70767

Operator ID: 36536
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES R DUPREE
PO BOX 321
191 LEE ST
PROVENCAL, LA 71468

Operator ID: 8007

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSEPH R DUPUY
726 EAST NORTH PLACE
AMITE, LA 70422

Operator ID: 1421
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HAROLD R DUTSCH, JR
78295 DUTSCH LANE
COVINGTON, LA 70435

Operator ID: 1426
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN B DYER
1159 NORTH 7TH STREET
OAKDALE, LA 71463

Operator ID: 33366
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CYNTHIA K EAGLES
4724 MARIBEL DRIVE
BATON ROUGE, LA 70812

Operator ID: 11417
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID E EAGLEY
1115 HWY. 174
MARTHAVILLE, LA 71450

Operator ID: 25728
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DENISE A EAGLEY
1115 HWY 174
MARTHAVILLE, LA 71450

Operator ID: 25729
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GABRIEL J EAGLIN
105 AVRON DR
CARENCRO, LA 70520

Operator ID: 15326
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH R EAGLIN
835 PRAIRIE RONDE HWY
OPELOUSAS, LA 70570

Operator ID: 25730
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DANIEL EAGLIN, II
POST OFFICE BOX 6267
NEW ORLEANS, LA 70174

Operator ID: 7688
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALVIN V EARL
PO BOX 95
609 MAPLE ST
ELIZABETH, LA 70638

Operator ID: 24988
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES L EARLEY
1218 EVANGELINE CIR
BOSSIER CITY, LA 71112

Operator ID: 5307

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIE H EASTON
1003 CATHY ST
LAKE CHARLES, LA 70615

Operator ID: 15346
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHNNIE EAVE
10645 PARKWOOD DR
BASTROP, LA 71220

Operator ID: 11947
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ARTHUR G EBEL, JR
14550 SPRINGFIELD ROAD
WALKER, LA 70785

Operator ID: 8176
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EDYTHE D ECHOLS
1700 LANDRY DR
BAKER, LA 70714

Operator ID: 13506
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RHOSUS G ECKLES
20 G RUE CHARDONNAY
KENNER, LA 70065

Operator ID: 9334

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

WASTEWATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES B EDDY, II
879 HICKORY AVENUE
NEW ORLEANS, LA 70123-3110

Operator ID: 36154
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CURTIS C EDGAR
1202 VINCENT ST
VINTON, LA 70668

Operator ID: 1445
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TRUDELL J EDGERSON
1023 S STARRETT RD
METAIRIE, LA 70003

Operator ID: 37109
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PATRICK EDMOND
130 NOTTINGHAM CIRCLE
LAFAYETTE, LA 70507

Operator ID: 1446
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

QUARRY H EDWARDS
734 HYDE PARK PL
SHREVEPORT, LA 71108

Operator ID: 17026
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES M EDWARDS
239 VETERANS DRIVE
OPELOUSAS, LA 70570

Operator ID: 37801
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES R EDWARDS
3824 SHADOW BEND DR
HAUGHTON, LA 71037

Operator ID: 8581
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MIGUEL O EGUIGURE
3749 TULANE DR
KENNER, LA 70065

Operator ID: 6704
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JARED J EISKINA
134 MYRTLE DRIVE
LOCKPORT, LA 70374

Operator ID: 34647
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEON P ELAIRE
217 MARTIN ST
LAFAYETTE, LA 70501

Operator ID: 1460
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 3

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PAUL D ELAIRE
115 TENNESSEE STREET
LAFAYETTE, LA 70501

Operator ID: 7520
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES R ELLIOTT
124 FITZWILLIAM ST
HAUGHTON, LA 71037

Operator ID: 33906

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GLEN A ELLIOTT
PO BOX 635
PATTERSON, LA 70392-0031

Operator ID: 6048
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL W ELLIS
109 E MC CORMICK
SHREVEPORT, LA 71104

Operator ID: 10725
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BLAINE ELSTROTT
21226 SOUTH I-12 SERVICE
PONCHATOULA, LA 70454

Operator ID: 1470
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TERRY L EMORY
1154 CENTURY LOOP ROAD
EROS, LA 71238

Operator ID: 5940
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

AMADO ENAMORADO
30683 BURGESS RD
DENHAM SPRINGS, LA 70726-1790

Operator ID: 5760
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GERALD L ENCALADE
13621 HWY 15
BRAITHWAITE, LA 70037

Operator ID: 9689
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

THOMAS H ENGELS
6122 ENGLISH TURN
ZACHARY, LA 70791-2678

Operator ID: 9690

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

WATER PRODUCTION 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANDREW J ENGLANDE
266 EVANGELINE DR
MANDEVILLE, LA 70471

Operator ID: 38690
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MALCOLM L ENGLISH, JR
POST OFFICE BOX 1197
GLENMORA, LA 71433

Operator ID: 10816

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DOUGLAS D ENSINGER
PO BOX 11
FISHER, LA 71426

Operator ID: 12607
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID G ENTREVIA
20305 HILLCREST RD
BOGALUSA, LA 70427

Operator ID: 1475
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROSS M ESCHETTE
516 ELIZABETH STREET
LOCKPORT, LA 70374

Operator ID: 34646
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ESTEBAN R ESPIRITU
3105 FABLE DR
MERAUX, LA 70075

Operator ID: 10726
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSEPH B ETHEREDGE
613 BAKER RD
STONEWALL, LA 71078

Operator ID: 6113
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMIE W ETHERIDGE
15266 LEWIS RD
MAUREPAS, LA 70449

Operator ID: 32746
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MUSHAFAU O ETTU
19057 ELTON DR
JENNINGS, LA 70546

Operator ID: 42733
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONNIE E EUBANKS
515 BROWN ST
WEST MONROE, LA 71294

Operator ID: 1489
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PIERRE C EUSTIS
3040 HUDSON PL
NEW ORLEANS, LA 70131

Operator ID: 9339

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES A EVANS
201 STATE PARK RD
ST JOSEPH, LA 71366

Operator ID: 14148
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HENRY W EVANS, III
1145 ST ANTHONY ST
SLIDELL, LA 70460

Operator ID: 1497
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DARNELL EVANS
400 WESTSIDE BLVD APT 209
HOUMA, LA 70364

Operator ID: 4977
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DERWIN C EVERETT
1213 BOURBON ST
THIBODAUX, LA 70301

Operator ID: 37078
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CALVIN D EVERETT
247 RTOSTON RD
W. MONROE, LA 71292

Operator ID: 9355

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

FREDERICK T EZELL
POST OFFICE BOX 323
ST JOSEPH, LA 71366

Operator ID: 10228

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN L EZELL, JR
35256 MORAN ROAD
PEARL RIVER, LA 70452

Operator ID: 10685
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID B EZELL
PO BOX 761
WINNSBORO, LA 71295

Operator ID: 24989
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRANDON M EZELL
127 BURKWALL DRIVE
HOUMA, LA 70360-2710

Operator ID: 42244
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHAD H FAGAN
25095 HWY 42
HOLDEN, LA 70744

Operator ID: 13549
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT K FAIRBURN
12515 BLACKWELL
FRANKINTON, LA 70438

Operator ID: 5582
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KERRY J FALGOUT
145 CYPRESS VILLA LANE
GHEENS, LA 70355

Operator ID: 10949
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LIONEL P FALGOUT
PO BOX 214
BOURG, LA 70343

Operator ID: 1516
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DALTON G FALLON
379 OAK TREE DR
LAPLACE, LA 70068

Operator ID: 39770
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WARREN G FANDAL
54180 HWY 445
LORANGER, LA 70446

Operator ID: 21846
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID A FANGUY
124 SANDALWOOD DR
GRAY, LA 70359

Operator ID: 1521
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANA B FANZ
2100 WEST FANZ RD
ST BERNARD, LA 70085

Operator ID: 39011
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LONNIE R FARLEY
420 KIMBLETOWN ROAD
HOMER, LA 71040

Operator ID: 8586
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DARON S FARQUHAR
4434 ARNOLD WHITE RD
LAKE CHARLES, LA 70611

Operator ID: 26166
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLINT R FARRAR
2201 ASHLAND
RUSTON, LA 71270

Operator ID: 7418
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ANTHONY P FARRELL
62 OUEENS RD
MANY, LA 71449

Operator ID: 10637

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

A P FARRELL, JR
701 LILLIAN LANE
MANY, LA 71449

Operator ID: 11191
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DENNIS W FARRIS
2370 HUNTER RD
MANSFIELD, LA 71052

Operator ID: 41944
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TIMMY P FARRIS, II
206 LOUISIANA ST
KAPLAN, LA 70548

Operator ID: 9532
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIAM V FAST
3698 HEURTEVANT
SULPHUR, LA 70663

Operator ID: 24911

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT A FAST
496 MIMS ROAD
WESTLAKE, LA 70669

Operator ID: 39174
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLEVE A FAUCHEUX, JR
P O BOX 2
PAULINA, LA 70763

Operator ID: 1531
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TOMMY J FAUL
760 MAIN ST
CANKTON, LA 70584

Operator ID: 1533

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD A FAUL
4617 GRAND PRAIRIE
RAYNE, LA 70578

Operator ID: 3746
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HARRIS T FAULK
57020 PACE ROAD
SLIDELL, LA 70461

Operator ID: 5025
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN M FAURIE
1814 E GENIE CT
CHALMETTE, LA 70043

Operator ID: 16206
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ALLEN W FAUSPHOUL
118 CORLEY DR
COLFAX, LA 71417

Operator ID: 25731

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SALIN J FAYAD
306 SHORT LEAF DRIVE
HAUGHTON, LA 71037

Operator ID: 1537
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DENNIS A FAYE
65134 JERRY ST
PEARL RIVER, LA 70452

Operator ID: 9298
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FRANK FEDD, JR
10937 FERRY LAKE RD
OIL CITY, LA 71061

Operator ID: 1538
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

EMILY A FEDERER
5359 MAGAZINE ST
NEW ORLEANS, LA 70115

Operator ID: 42776

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KELLY D FELPS
10127 N RIVER RD
PORT ALLEN, LA 70767

Operator ID: 37789
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CARLOS L FERGUSON
P O BOX 64
WEYANOKE, LA 70787

Operator ID: 17526
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CARLOUS A FERGUSON, I
105 EAST LISTER ST
SHREVEPORT, LA 71101

Operator ID: 26386
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARCUS D FERGUSON
6617 ENGLISH TURN DR
ZACHARY, LA 70791

Operator ID: 37799

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEON A FERGUSON, IV
729 ALICE DR
LAFAYETTE, LA 70503

Operator ID: 40284
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DANIEL J FERGUSON
248 HWY 851
GRAYSON, LA 71435

Operator ID: 40702
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STANLEY W FERRELL
1785 COOK ROAD
ATHEN, LA 71003

Operator ID: 38007
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DANIEL J FERRIER
28160 HWY 405
PLAQUEMINE, LA 70764

Operator ID: 37796

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

WASTEWATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL I FERRY
10135 HIGH PINES DR
BATON ROUGE, LA 70809

Operator ID: 19666
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARY M FIELD
12934 WOODSHIRE PLACE
BATON ROUGE, LA 70816

Operator ID: 10231
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEPHEN D FIELD
12934 WOODSHIRE PLACE
BATON ROUGE, LA 70816

Operator ID: 10232

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RAYMOND K FIELDER
10094 SCHULTZ ROAD
BRANCH, LA 70516

Operator ID: 37030
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TROY R FIELDING
929 MCDONALD STREET
HAYNESVILLE, LA 71038

Operator ID: 10727
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

EMILY M FIELDS
9337 HWY. 34
EROS, LA 71238-7109

Operator ID: 1551

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

WATER PRODUCTION 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MONTREAL J FIELDS
8547 OLD HERMITAGE PKWY
APT C
BATON ROUGE, LA 70810

Operator ID: 26046
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRYAN A FIELDS
PO BOX 68
FLORIEN, LA 71429

Operator ID: 33586
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES B FINLAY
PO BOX 540
GILBERT, LA 71336

Operator ID: 31008
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD R FINLEY
17 FLORIDA STREET
VIDALIA, LA 71373

Operator ID: 7010
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JIM W FINLEY
178 S MAIN
HEFLIN, LA 71039

Operator ID: 9365
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SCOTT FINNEY
609 LITTLE FARMS AVENUE
RIVER RIDGE, LA 70123

Operator ID: 1558
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID B FINNEY
609 LITTLE FARMS AVE
RIVER RIDGE, LA 70123

Operator ID: 35466
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANDREW J FIORELLA, JR
1800 RIVER TREE COURT
NEW ORLEANS, LA 70131

Operator ID: 5653
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES R FISHER, JR
422 AVENUE "B"
MARRERO, LA 70072

Operator ID: 1561
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONNIE T FISHER
P.O. BOX 1866
WOODVILLE, MS 39669

Operator ID: 32426
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM R FLATTERY
1304 PARKWAY CIRCLE
BOSSIER CITY, LA 71112

Operator ID: 6127
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIAM T FLEMING
PO BOX 78161
BATON ROUGE, LA 70837-8161

Operator ID: 1572
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLIFFORD FLEMING
POST OFFICE BOX 730
KENNER, LA 700630730

Operator ID: 1573
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VIOLET FLEMING
909 LINDA LANE
APT B
LAPLACE, LA 70068

Operator ID: 7470
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DOUGLAS R FLEMING
109 E. DICK HAYES RD.
WESTLAKE, LA 70669

Operator ID: 7813

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BILLY D FLETCHER
3725 HWY 921
CLAYTON, LA 71326

Operator ID: 1577
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TONY M FLETCHER
424 NELSONVILLE RD
CLAYTON, LA 71326

Operator ID: 25733

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARK C FLETCHER
9475 BLOM BLVD
SHREVEPORT, LA 71118

Operator ID: 5559
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PAUL W FLORENCE
101 STATE PARK RD
DOYLINE, LA 71023

Operator ID: 26907
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT W FLORIDA
6880 WOODLAND DR
ZACHARY, LA 70791

Operator ID: 1581
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DORIS L FLOURNOY-WOODS
5907 OUAIL RIDGE DR
SHREVEPORT, LA 71129

Operator ID: 6952
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GARY F FLOYD
16068 HWY 80
MINDEN, LA 71055

Operator ID: 17066
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL FLUHR
1401 FOREST DR.
MINDEN, LA 71055

Operator ID: 10880
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TILLERY L FLYNT
176 PATRICK ROAD
NATCHITOCHES, LA 71457

Operator ID: 5725
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHAD M FOLSE
1101 LAURA CIR
SULPHUR, LA 70633

Operator ID: 24990
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRISTOPHER C FONTAN
229 GEORGETOWN DR
NEW ORLEANS, LA 70118

Operator ID: 5651
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAIMIE D FONTENOT, JR
8165 PERCY DR
DENHAM SPRINGS, LA 70706

Operator ID: 11030

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NORMAN J FONTENOT
1393 BELAIRE COVE ROAD
VILLE PLATTE, LA 70586

Operator ID: 11033
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HAROLD J FONTENOT
220 N PINECREST DR
EUNICE, LA 70535

Operator ID: 1597
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH C FONTENOT
209 SOUTH STAGG STREET
VILLE PLATTE, LA 70586

Operator ID: 1600
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROGER K FONTENOT
5902 ELTON RD
ABBEVILLE, LA 70510

Operator ID: 1602
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TOMMY FONTENOT, JR
143 LEDOUX LANE
EUNICE, LA 70535

Operator ID: 1607
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROWDY J FONTENOT
1053 TIGER POINT RD
BASILE, LA 70515

Operator ID: 29086
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DIRCK FONTENOT
103 HESPER DRIVE
LAFAYETTE, LA 70520

Operator ID: 31646
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSEPH M FONTENOT
1372 HWY 2
OAK GROVE, LA 71263

Operator ID: 34107
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEVE L FONTENOT
7435 DEWBERRY LANE
LAKE CHARLES, LA 70605

Operator ID: 37327
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRAD C FONTENOT
472 COOKS LANDING ROAD
MANY, LA 71449

Operator ID: 37527
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JERREL W FONTENOT
1956 HIGHWAY 1241
DRY PRONG, LA 71423

Operator ID: 37707

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

WATER TREATMENT 2

20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRETT J FONTENOT
234SNOOKS RD
VILLE PLATTE, LA 70586

Operator ID: 40487

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES S FONTENOT, II
1107 EAST ST
MAMOU, LA 70554

Operator ID: 6170
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LARRY W FORBES
17051 PRIDE BAYWOOD RD
PRIDE, LA 70770

Operator ID: 1609
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICKY FORBES
58315 HAROLD FORBES RD
ANGIE, LA 70426

Operator ID: 39862
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MADELINE R FORD
669 MAHLER STREET
HOUMA, LA 70363-4919

Operator ID: 10873

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOEL A FORD
1698 HWY 126
JONESVILLE, LA 71343

Operator ID: 11613
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALISON R FORD
6220 DEANNE MARIE DRIVE
ZACHARY, LA 70791

Operator ID: 13127
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JASON M FORD
346 DICKENS RD
SUGARTOWN, LA 70662

Operator ID: 37153
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSHUA D FORD
4314 HWY 27 S #73
SULPHUR, LA 70665

Operator ID: 38970
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JONATHAN R FOREMAN
116 MEMORY LANE
LAFAYETTE, LA 70506

Operator ID: 10660
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ERNEST J FOREMAN
810 EAST SOUTH ST
OPELOUSAS, LA 70570

Operator ID: 12626
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RALPH S FOREMAN
159 HILL TOP ROAD
STONEWALL, LA 71078

Operator ID: 26407

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DANIEL R FOREMAN
214 TRAVEL PATH RD
ROGERSVILLE, AL 35652

Operator ID: 8144
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DWIGHT A FOREST
4916 BULLARD AVE
NEW ORLEANS, LA 70128

Operator ID: 1615
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TEVINCE M FOREST
10501 CURRAN BLVD APT A13
NEW ORLEANS, LA 70127-5153

Operator ID: 35666
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TOMMY FOREST
209 GROVE PARK
LAPLACE, LA 70068-6375

Operator ID: 7998

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

WATER PRODUCTION 2

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RANDY J FORET
124 A MALL CIRCLE
HOUMA, LA 70364

Operator ID: 10874
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENT J FORET
PO BOX 399
LOCKPORT, LA 70374-3005

Operator ID: 1617
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KERRY T FORET
1414 RICHLAND RD
NEW ORLEANS, LA 70114

Operator ID: 1618
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LARRY A FORET
224 ST MICHEL AVE
HOUMA, LA 70363

Operator ID: 1620

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICKY C FORET
117 LANDRY LANE
THIBODEAUX, LA 70301

Operator ID: 2858
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRANDON M FORET
150 E 30TH ST
CUTOFF, LA 70345

Operator ID: 40006
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 2	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRISTOPHER E FORSTER
1206 AVENUE A
WESTWEGO, LA 70094

Operator ID: 19606
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DARIN W FORTENBERRY
503 GRAND OAK DR.
SHREVEPORT, LA 71118

Operator ID: 1624
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TAMMY L FOSTER
337 LUKE STREET
DES ALLEMANS, LA 70030-3205

Operator ID: 12032
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRETT L FOSTER
111 CRAWFISH DRIVE
PIERRE PART, LA 70339-4721

Operator ID: 12627

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DENNIS R FOSTER
53532 HWY 191
FLOREIN, LA 71429

Operator ID: 6317
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL H FOSTER
226 CHESTNUT OAK DRIVE
MANDEVILLE, LA 70448

Operator ID: 7048

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GERALD H FOSTER
10323 ROGERS B
ST AMANT, LA 70774

Operator ID: 9692

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

FERDINAND A FOTI, JR
1007 MIMOSA LANE
ST MARTINVILLE, LA 70582-7208

Operator ID: 10864
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VINCENT P FOUCHI
613 RIO VISTA AVE
JEFFERSON, LA 70121

Operator ID: 1632
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THOMAS G FOURNET
30970 CARRIAGE WAY
DEHAM SPRINGS, LA 70726

Operator ID: 13586
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIAM L FOUTS
2838 OAKMOUT
SHREVEPORT, LA 71103

Operator ID: 5456

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEPHEN H FOX
17157 AIMEE DR
PRAIRIEVILLE, LA 70769

Operator ID: 1635
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GENE L FOX
145 MAJESTIC OAKS
BELLE CHASSE, LA 70037

Operator ID: 1637
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RODNEY G FRAME
8722 PINEHAVEN RD
KEITHVILLE, LA 71047

Operator ID: 17067

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VERNON FRANCIS
1109 ENGLEMEADE
SHREVEPORT, LA 71107

Operator ID: 1642
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JASPER J FRANCIS, SR
144 JUDY ST
LAFAYETTE, LA 70501

Operator ID: 1643
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KERMIT W FRANCIS
4511 S DERBIGNY ST
NEW ORLEANS, LA 70125

Operator ID: 34446
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BERNARD J FRANCIS
P O BOX 662
DONALDSONVILLE, LA 70346

Operator ID: 9693
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GREGORY T FRANK, JR
6000 WEST 70TH STREET
APT 2503
SHREVEPORT, LA 71129

Operator ID: 11858

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WALLACE J FRANK, IV
1901 GLENDALE DR
APT 7
LAPLACE, LA 70068

Operator ID: 29526
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEROY FRANKLIN
POST OFFICE BOX 671
HAHNVILLE, LA 70057

Operator ID: 1651
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LIONEL W FRANKLIN, JR
1800 AMERICA ST
DONALDSONVILLE, LA 70346

Operator ID: 23966
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES D FRANKLIN
1201 MAIN ST
BATON ROUGE, LA 70802

Operator ID: 31048
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WHITNEY V FRANKLIN
12626 NORTH AVE
ROSELAND, LA 70456

Operator ID: 36329
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JUDY FRANKLIN
8800 SOUTH CLAIBORNE AVEN
NEW ORLEANS, LA 70118

Operator ID: 7690
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD R FRANKS
2441 CHERRY ST
BOSSIER CITY, LA 71112

Operator ID: 40682
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MAYONCE FRANKS
1278 HWY 107
MORROW, LA 71356

Operator ID: 5213
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

HERMAN D FRANKS
3449 HWY 389
MERRYVILLE, LA 70653

Operator ID: 5992
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES E FRASIER, JR
1631 PEA RIDGE RD
DUBACH, LA 71235

Operator ID: 7419
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM J FRAZIER
105 LOIS
DEQUINCY, LA 70633

Operator ID: 10661
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DARREN L FRAZIER
13600 CHAMPAGZEE PLACE
PLEASANT HILL, LA 71065

Operator ID: 14150
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN I FRAZIER
P O BOX 2522
HAMMOND, LA 70404

Operator ID: 1656
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN E FRAZIER
1248 RWE JONES DR
RUSTON, LA 71270

Operator ID: 40767
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICKY J FREDERICK
6219 FREMIN RD
NEW IBERIA, LA 70560

Operator ID: 1658
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JESSIE J FREDERICK
4300 BEAU ROAD
MAURICE, LA 70555

Operator ID: 26766
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID A FREDERICK
71237 SHADY LAKE DRIVE
COVINGTON, LA 70433

Operator ID: 32486
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NORMAN T FREDERICK
587 HIGHWAY 152
DUBACH, LA 71235

Operator ID: 8198
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEFFREY K FREE
423 MICHIGAN
SULPHUR, LA 70663

Operator ID: 1660
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GEORGE D FREEMAN
10111 HIGHWAY 33
FARMERVILLE, LA 71241-7407

Operator ID: 12123
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEFFREY J FREEMAN
129 MAHFOUZ LN
MANSFIELD, LA 71052

Operator ID: 34126
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHAD E FREEMAN
83324 NEAL CEMETERY RD
FOLSOM, LA 70437

Operator ID: 37081
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BILLY D FREEMAN
4333 PRUETT RD
SHREVEPORT, LA 71107

Operator ID: 38852

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLARENCE D FREEMAN
55745 HWY 436
ANGIE, LA 70426

Operator ID: 41483
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ADRON C FREEMAN
104 HWY 146
CHOUDRANT, LA 71227

Operator ID: 7420
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TERRY L FRELOT
3874 ETIENNE DAIGLE RD
SULPHUR, LA 70663

Operator ID: 40843
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROLAND J FREMIN
34000 BOWIE ST
WHITE CASTLE, LA 70788

Operator ID: 1662
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN B FRENCH
8402 W WILDERNESS WAY
SHREVEPORT, LA 71106

Operator ID: 12629
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JIMMY R FRENCH
196 WOODCLIFF CIRCLE
PINEVILLE, LA 71360

Operator ID: 5101

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ERIC D FRENCH
7605 PLUM STREET
NEW ORLEANS, LA 70118

Operator ID: 6990
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GREG S FRESHOUR
POST OFFICE BOX 5337
BOSSIER CITY, LA 71171

Operator ID: 7575
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CLARENCE O FRIENDSHIP
PO BOX 326
ST GABRIEL, LA 70776

Operator ID: 11676

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOHN J FROMENTHAL
530 LEVEE ROAD
MORGAN CITY, LA 70380

Operator ID: 1669
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

FRANCIS P FROMENTHAL
2719 4TH ST
BERWICK, LA 70342

Operator ID: 1670
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LARRY J FROMENTHAL
615 GROVE STREET
MORGAN CITY, LA 70380

Operator ID: 6327
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KARL J FRUGE
7400 HARRIS ROAD
BELL CITY, LA 70630

Operator ID: 1671

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RYAN A FRUGHT
49340 BAILEY LOOP RD

Operator ID: 40903
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MATTHEW K FRY
5344 POINT CLEAR DR
BATON ROUGE, LA 70817

Operator ID: 36510
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BILLY B FRYER
PO BOX 605
EPPS, LA 71237

Operator ID: 6223
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD G FUDALLY
115 CYPRESS CIR
SLIDELL, LA 70458

Operator ID: 26606
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PERRY A FULLER
497 RED STRONG RD
FRIERSON, LA 71027

Operator ID: 1676
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SHERRY D FULLER
931 FIRETOWER RD
SPEARSVILLE, LA 71277

Operator ID: 21866
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MATTHEW N FULLINGTON
2201 OLD SPANISH TRAIL
WESTLAKE, LA 70669-0727

Operator ID: 37607

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

WASTEWATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FRANKIN K FULTON
408 LOUISE ST
DERIDDER, LA 70634

Operator ID: 37846
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JERRY W FUNDERBURK
201 F MAYO STREET
LEESVILLE, LA 71446

Operator ID: 8849
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES L FUSELIER
1317 KENNEDY ST
MAMOU, LA 70554

Operator ID: 37845
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KENNETH W FUSELIER, JR
1615 6TH STREET
LAKE CHARLES, LA 70615

Operator ID: 6297
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SHANE L FUSELIER
2321 GABRIEL DR
SULPHUR, LA 70663

Operator ID: 7811
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES D FUSILIER
10008 PETERSBURG DRIVE
DENHAM SPRINGS, LA 70706-1526

Operator ID: 7149
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRENDA K FUSSELL
375 HWY 3252
ST. JOSEPH, LA 71366

Operator ID: 11601

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GERALD FUSSELL
3455 BRUCE CIRCLE
SPORT, LA 71107

Operator ID: 17068
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD GABRIEL
132 RANDOLPH DRIVE
LAFAYETTE, LA 70501

Operator ID: 4938
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN GAGE
406 FREDERICK
NEW IBERIA, LA 70560

Operator ID: 7535
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SHERRI L GALLOWAY
8591 SANTA ROSA AVE
BATON ROUGE, LA 70810

Operator ID: 31709
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANGELA M GAMBLE
POST OFFICE BOX 924
LOGANSPOUT, LA 71049

Operator ID: 11034
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

NICHOLAS A GAMBLE
171 LAND M CT
APT - A
GRAY, LA 70359

Operator ID: 28328
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHRISTOVER S GANN
259 CLINTON
STONEWALL, LA 71078

Operator ID: 37827

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

WATER PRODUCTION 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JERRY G GARCIE
9009 VILLANOVA DRIVE
SHREVEPORT, LA 71118

Operator ID: 4935
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JIMMY L GARIG
PO BOX 249
NORWOOD, LA 70761

Operator ID: 5943
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONALD W GARLINGTON
750 MARYLAND AVENUE
PORT ALLEN, LA 70767

Operator ID: 35887
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DELANA S GARNER
933 N. GOODWILL
GOLDONNA, LA 71031

Operator ID: 11678
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WAYLON R GARNER
38243 MICHAEL ANTHONY CT
GONZALES, LA 70737

Operator ID: 9696
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLARENCE GARRETT, JR
729 BREAUX ALLEY
NEW IBERIA, LA 70560

Operator ID: 1705
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LINDA GARRIS
5803 HWY143
STERLINGTON, LA 71280

Operator ID: 1707
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID A GARRIS
5803 HWY 143
STERLINGTON, LA 71280

Operator ID: 1708
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

HARRY G GARSEE
5463 HWY 1 NORTH
NATCHITOCHES, LA 71457

Operator ID: 1709

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

EMELIE E GARY
912 SPANISH MISSION TRAIL
LAKE CHARLES, LA 70605

Operator ID: 1710
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHNNY L GASPARD
120 GRAND AVENUE
LAFAYETTE, LA 70503

Operator ID: 10502
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KATHY L GASPARD
217 TASSO LOOP
EUNICE, LA 70535

Operator ID: 27287
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BILLY F GASPARD
313 GOSS ROAD
WESTLAKE, LA 70669

Operator ID: 28296
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID J GASPARD
9648 HWY 28 EAST
PINEVILLE, LA 71360

Operator ID: 8594
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LORNE C GATES, III
P O BOX 5337
BOSSIER, LA 71171

Operator ID: 31806
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES E GATLIN
4850 EUNICE DR
NEW ORLEANS, LA 70127

Operator ID: 11399
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SAMUEL A GAUTHE
POST OFFICE BOX 845
NAPOLEONVILLE, LA 70390

Operator ID: 8885
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HENRY J GAUTHE
POST OFFICE BOX 93
NAPOLEONVILLE, LA 70390

Operator ID: 9697
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CONRAD C GAUTHIER
520 ROGERS ROAD
LAFAYETTE, LA 70507

Operator ID: 6318

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MURPHY K GAUTHREAUX
P O BOX 1139
KINDER, LA 70648

Operator ID: 21886
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DUSTIN J GAUTREAU
13439 CRAWFORD RD
GONZALES, LA 70737

Operator ID: 26707
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DARREN P GAUTREAU
10470 HIGHWAY 22
ST AMANT, LA 70774

Operator ID: 32106
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GLENN K GAUTREAUX
256 NORTH LIVE OAK
SIMMESPORT, LA 71369

Operator ID: 34386
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN R GAUTREAUX
203 CAMELLIA DRIVE
THIBODAUX, LA 70301

Operator ID: 37369
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CRAIG A GAUTREAUX
P O BOX 9611
NEW IBERIA, LA 70562

Operator ID: 5840
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WAYNE GAUTREAUX
POST OFFICE BOX 399
LOCKPORT, LA 70374

Operator ID: 6969
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RAY A GAY
POST OFFICE BOX 512
ALBANY, LA 70711

Operator ID: 1732

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RAYMOND C GEARY
2025 LAMARQUE ST.
NEW ORLEANS, LA 70114

Operator ID: 1734

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN M GEHLING
8430 BEECHWOOD DRIVE
DENHAM SPRINGS, LA 70706

Operator ID: 32767
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN J GENOVA
244 CRAWFORD LOOP
POLLOCK, LA 71467

Operator ID: 11036
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TIMMY J GEORGE, JR
65105 LITTLE FARMS ROAD
PLAQUEMINE, LA 70764

Operator ID: 10538
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT GEORGE
8801 SPRUCE STREET
NEW ORLEANS, LA 70118

Operator ID: 10791

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLIE S GEORGE
913 SOUTH 17TH ST
MONROE, LA 71202

Operator ID: 1739
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FRED J GERHARDT
3725 EDDY PLACE
SHREVEPORT, LA 71107

Operator ID: 25626
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LONNIE P GERVAIS
POST OFFICE BOX 32
PARADIS, LA 70080

Operator ID: 9336
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHRIS N GIBBS
PO BOX 310
ZACHARY, LA 70791

Operator ID: 11459

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL L GIBSON
216 KNOTTS LANDING LOOP
JENA, LA 71342

Operator ID: 11634
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES S GIDDENS
1324 HWY 527
ELM GROVE, LA 71051

Operator ID: 6815
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

FRANCIS O GIERING
1820 WILLIAMS AVE
NATCHITOCHES, LA 71457

Operator ID: 1748
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES L GIFFORD, JR
2412 BLANCHARD DR
CHALMETTE, LA 70043

Operator ID: 37430
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRISTOPHER T GILBERT
806 WOOD STREET
MINDEN, LA 71055

Operator ID: 11760
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID N GILBERT
202 TAYLOR AVENUE
STERLINGTON, LA 71280

Operator ID: 27187

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRANDON W GILBREATH
4437 KELLER DR
COLLINSTON, LA 71229

Operator ID: 11184
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT J GILBRIDE
26929 BENNETT ROAD
HOLDEN, LA 70744

Operator ID: 6304
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN GILCHRIST
175 VIVIAN ST
MORGAN CITY, LA 70380

Operator ID: 30226
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT D GILDON
500 6TH STREET SE
SPRINGHILL, LA 71075

Operator ID: 11952
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRANDON H GILL
515 ELENGTON ROAD
DERIDDER, LA 70634

Operator ID: 11614
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VIRGINIA D GILL
415 BAWCOM STREET
WEST MONROE, LA 71292

Operator ID: 18626
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JARED R GILL
66062 ST MICHAEL CIRCLE
PEARL RIVER, LA 70452

Operator ID: 26868
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JASON P GILL
4152 FORET ST
ADDIS, LA 70710

Operator ID: 36849
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL W GILL
2 WHEATFIELD RD
POPLARVILLE, MS 39470

Operator ID: 8595
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHELE J GILL
3530 SIERRA CIRCLE
SULPHUR, LA 70665

Operator ID: 9483
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID W GILLIAM
23530 HWY 386
GROSSETETE, LA 70740

Operator ID: 38152
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

COLBY L GILLIAM
2535 TRICOU ST
NEW ORLEANS, LA 70117

Operator ID: 42745
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SHARON C GILLUM
3612 HWY 182 WEST
PATTERSON, LA 70392

Operator ID: 11037
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KATE GILMORE
3347 MYRTLE GROVE
BATON ROUGE, LA 70810

Operator ID: 11247

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES R GILPIN, JR
21051 CHANEY ROAD
ZACHARY, LA 70791-9513

Operator ID: 1757

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PHILIP GIOIA
1332 BAYOU RD
SAINT BERNARD, LA 70085-4804

Operator ID: 1758
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHAD L GIPSON
108 REICHARDT RD
POLLOCK, LA 71467-4523

Operator ID: 10839
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ELMER M GIROUARD
1055 VIEUX JACOUET BROUSS
BROUSSARD, LA 70518

Operator ID: 1763
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN A GISCLAIR, JR
213 FIR STREET
RACELAND, LA 70394

Operator ID: 11367
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID P GLASPIE
237 LEACH ROAD
HORNBECK, LA 71439

Operator ID: 36026
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WALTER D GLASS
40159 BEALE ST
SLIDELL, LA 70461

Operator ID: 41467
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JESSICA G GLODD
1004 INVERERY DR
LAKE CHARLES, LA 70605

Operator ID: 21906
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHARLES B GLYNN
4081 OAKLAND DR
LAKE CHARLES, LA 70611

Operator ID: 37849
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VAL P GOETZ
18068 HWY. 40
LORANGER, LA 70446

Operator ID: 6970
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TONY L GOFF
17613 CROSSING BLVD
BATON ROUGE, LA 70810

Operator ID: 28335
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MIKEOUS D GOINS
317 NORTH 8TH STREET
MONROE, LA 71201

Operator ID: 24407

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GREGORY L GOLEMAN
169 WANDA LANE
DEQUINCY, LA 70633

Operator ID: 1776
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHARLIE V GOLMON, III
29875 LEACH LANE
DENHAM SPRINGS, LA 70726

Operator ID: 28351
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JULIO--DENNIS GOMEZ
7594 HWY 75
GEISMAR, LA 70734

Operator ID: 11384
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARCUS D GOMEZ
2651 BARRON RD SUITE 3051
KEITHVILLE, LA 71047

Operator ID: 38092

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RAMON GONZALES
7594 HWY 75
GEISMAR, LA 70734

Operator ID: 11385
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MIKE GONZALES
P O BOX 1252
BUNKIE, LA 71322

Operator ID: 1782

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CLINT W GOODEAUX
2201 OLD SPANISH TRAIL
WESTLAKE, LA 70669

Operator ID: 9484

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

WASTEWATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

AMOSE J GOODEN, JR
PO BOX 773
MANSFIELD, LA 71052

Operator ID: 1783

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JEANMARD GOODLY
148 PARKWAY NORTH DR
SLIDELL, LA 70458

Operator ID: 27806

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RAYMOND E GOODMAN
14309 CROSSETT RD
BASTROP, LA 71220

Operator ID: 1784
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRUCE D GOODRUM
108 WEST 9TH ST
RESERVE, LA 70084

Operator ID: 27106
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN M GOODSON
11920 CROSSETT RD
BASTROP, LA 71220-7537

Operator ID: 13947
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KEITH E GORDON
15117 MEMORIAL TOWER RD
BATON ROUGE, LA 70810

Operator ID: 26247

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TRENTON L GORDON
6929 COMMERCE CIRCLE
APT 6205
ADDIS, LA 70710

Operator ID: 41403
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANNY E GOREE
2111 BRUG JONES LANE
MONROE, LA 71202

Operator ID: 4967
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT W GOSS
3253 HWY 818
RUSTON, LA 71270

Operator ID: 1789
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RUSSELL A GOSS
101 EAST DICK HAYES ROAD
WESTLAKE, LA 70669

Operator ID: 9699
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

HENRY W GOUDEAU, JR
4414 E POST OAK ST
GREENWELL SPRINGS, LA 70739

Operator ID: 1791

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SANDRA G GOUGH
4054 DOWD RD
COLLINSTON, LA 71229

Operator ID: 5192
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT J GOULD
408 5TH STREET
MORGAN CITY, LA 70380

Operator ID: 25748

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIAM L GOULDIN
3500 HOUSTON RIVER ROAD
WESTLAKE, LA 70669

Operator ID: 7536
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MATHEW L GRAF
P O BOX 1423
BLANCHARD, LA 71009

Operator ID: 28286
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES C GRAHAM
2118 DONAHUE FERRY RD
PINEVILLE, LA 71360

Operator ID: 1801

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSH A GRAHAM
1401 SEABORD DR
BATON ROUGE, LA 70810

Operator ID: 35727
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN W GRANIER
339 GOOD HOPE STREET
NORCO, LA 70079

Operator ID: 8011
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MERVIN A GRAVES, JR
1213 KENNY DR
WESTWEGO, LA 70094

Operator ID: 10832
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BENJAMIN A GRAVES
PO BOX 2499
SLIDELL, LA 70459

Operator ID: 40364
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GLENN T GRAVOIS
13264 BRAZAN RD
VACHERIE, LA 70090

Operator ID: 1806
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KYLE J GRAY
11005 OLD MANSFIELD RD
#50
KEITHVILLE, LA 71047

Operator ID: 10731
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BOBBY J GRAY
6305 LESLIE STREET
METAIRIE, LA 70003

Operator ID: 11528
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JIM M GRAY
15495 TRACY LANE
INDEPENDENCE, LA 70443

Operator ID: 5485
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAMIEN GRAY
113 UNION STREET
MONTZ, LA 70068

Operator ID: 8123
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RANDALL S GREEN
289 WILLS LANE
CALHOUN, LA 71225

Operator ID: 11758
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JUSTIN L GREEN
8798 MCCAIN RD
SHREVEPORT, LA 71107-9278

Operator ID: 12222
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LORNE D GREEN
208 HWY 906
MONTEREY, LA 71354

Operator ID: 1816
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

HORACE GREEN, JR
218 HOLLOWROCK CT.
SLIDELL, LA 70461

Operator ID: 8014

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIAM R GREEN
301 HOLLEY DRIVE
JONESBORO, LA 71251

Operator ID: 9828

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARION R GREENE
1920 WILLOWICK ST
LAKE CHARLES, LA 70605

Operator ID: 1821
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JEREMIE E GREGORY
30458 FAIRWAY VIEW DR
DENHAM SPRINGS, LA 70726

Operator ID: 24890

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 3

20.00

WASTEWATER TREATMENT 3

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHRISTOPHER GREGUS
4528 HESSMER AVENUE
METAIRIE, LA 70002

Operator ID: 5746

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LESTER L GRENEAUX
103 HUNTERS LANE
LAFAYETTE, LA 70507

Operator ID: 10866

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

WATER PRODUCTION 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BOBBY M GRIER
355 HUDSON ROAD
FARMERVILLE, LA 71241

Operator ID: 33767

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN L GRIFFIN
37497 LOPEZ STREET
SLIDELL, LA 70459

Operator ID: 1834
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

IVAN H GRIFFIN
6295 DOBROWOISKI LANE
ETHEL, LA 70730

Operator ID: 30667
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD L GRIFFIN
147 ANDY ALLEN ROAD
RAYVILLE, LA 71269

Operator ID: 7807
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NORMAN M GRIFFIN
POST OFFICE BOX 255
DES ALLEMANDS, LA 70030

Operator ID: 9775
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BARBARA F GRIFFITH
5108 HWY 371
RINGGOLD, LA 71068

Operator ID: 5768
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GREGORY GRIGGS
715 6TH STREET
FERRIDAY, LA 71334

Operator ID: 10236
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JACOB B GROBY, III
29354 LYON LANE
LACOMB, LA 70445

Operator ID: 1844

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROY D GROS
6502 MAPLE ST
ZACHARY, LA 70791

Operator ID: 37229
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES F GROUT
1920 VENUS DRIVE
BARKSDALE AFB, LA 71112

Operator ID: 6820
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RENNIE J GROWL
304 S FASHION BLVD
HAHNVILLE, LA 70057-2003

Operator ID: 9700
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JACK R GUARISCO
13674 GLEN ELLIS ROAD
WALKER, LA 70785

Operator ID: 8016
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LUIS E GUERRERO
14508 BELLA VILLA DR
UNIT #7
BATON ROUGE, LA 70810

Operator ID: 7127
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RONNIE J GUIDROZ
1055 BRIDGE ST
PARKS, LA 70582

Operator ID: 1857

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

HUNTER B GUIDRY
604 BIENVILLE ST
BATON ROUGE, LA 70806

Operator ID: 10239

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES S GUIDRY, JR
7305 VICTORIA DRIVE
MAURICE, LA 70555

Operator ID: 11250
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLAUDE J GUIDRY, III
878 HWY 357
OPELOUSAS, LA 70570

Operator ID: 12647
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRISTOPHER J GUIDRY
1420 TENNESSEE ST
LAKE CHARLES, LA 70607

Operator ID: 15386
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSEPH C GUIDRY
POST OFFICE BOX 246
BREAUX BRIDGE, LA 70517

Operator ID: 1866
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARLON J GUIDRY
POST OFFICE BOX 1688
LAROSE, LA 70373

Operator ID: 1868

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LARRY GUIDRY
POST OFFICE BOX 94
PORT SULPHUR, LA 70083

Operator ID: 1869

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 1

20.00

WATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TODD C GUIDRY
118 TISON ROAD
CARENCRO, LA 70520

Operator ID: 1875
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PATRICK K GUIDRY, SR
760 WILD CHERRY LANE
BREAUX BRIDGE, LA 70517

Operator ID: 32786
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PATSY R GUIDRY
1410 GENDARME ROAD
CARENCRO, LA 70520

Operator ID: 36568

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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"Committee of Certification"

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARCELLE A GUIDRY
19501 PLEASANT RD
ABBEVILLE, LA 70510

Operator ID: 38051
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROSS A GUIDRY
276 BREAUVILLE ST
LAROSE, LA 70373

Operator ID: 39410
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LAWRENCE GUIDRY, JR
340 BLUNDELL RD
WINNFIELD, LA 71483

Operator ID: 40343
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH T GUIDRY
4515 BLVD ACADIAN
ADDIS, LA 70710

Operator ID: 41102
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LAURENCE GUIDRY
119 PUBLIC RAMP ROAD
WINNFIELD, LA 71483

Operator ID: 7260
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JASON P GUIDRY
28670 INTRACOASTAL RD.
PLAQUEMINE, LA 70764

Operator ID: 8448
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID J GUIDRY
P O BOX 1084
BREAUX BRIDGE, LA 70517

Operator ID: 8837
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

OTIS J GUILLORY
750 LEWIS ST
EUNICE, LA 70535

Operator ID: 10243
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TROY GUILLORY
315 GUILBEAU ROAD
APT 520
LAFAYETTE, LA 70506

Operator ID: 11040
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES GUILLORY
565 HUSEMAN LN
COVINGTON, LA 70435

Operator ID: 1881
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRIAN F GUILLORY
113 CANYON DRIVE
LAFAYETTE, LA 70506

Operator ID: 1891
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DANIEL GUILLORY, JR
173 TOWN -N- COUNTRY RD
ALEXANDRIA, LA 71302

Operator ID: 1892

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CRAIG A GUILLORY
120 CRAIG LN
CAMERON, LA 70631

Operator ID: 26646
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KARACHIE H GUILLORY
5306 HWY 358
OPELOUSAS, LA 70570

Operator ID: 32787
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JESSE R GUILLORY
1117 N ELTON COURT
LAKE CHARLES, LA 70607

Operator ID: 37650
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHARLES J GUILLORY
2406 OAK PARK BLVD.
#533
LAKE CHARLES, LA 70601

Operator ID: 6763

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CURRY A GUILLOT
POST OFFICE BOX 444
BALL, LA 71405

Operator ID: 12173
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SAMUEL J GUILLOT
502 EGG BEND ROAD
MARKSVILLE, LA 71351

Operator ID: 1895
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LINSTER J GUILLOT
186 MICHEL LABORDE RD
MANSURA, LA 71350

Operator ID: 1897
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GORDON GUILLOT
PO BOX 125
HESSMER, LA 71341

Operator ID: 1898
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DALE B GUILLOT
POST OFFICE BOX 1653
DERIDDER, LA 70634

Operator ID: 7262
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 3

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WENDY A GUILLOTTE
17149 HWY 5
LOGANSPOUT, LA 71049

Operator ID: 7581
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CYNTHIA J GUIN
355 NORTH TALEN ROAD
GUEYDAN, LA 70542

Operator ID: 10467
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROCCO L GUIRLANDO
1326 JOHNSON CIRCLE
MONTGOMERY, LA 71454

Operator ID: 6126
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GINA GURGAINERS
395 COTTON ISLAND
POLLOCK, LA 71467

Operator ID: 10367
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MELISSA G GURGAINERS
198 COOK ROAD
SIBLEY, LA 71073

Operator ID: 13971
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BENJAMIN J GUY
26283 SHADOWBROOK AVE
DENHAM SPRINGS, LA 70726

Operator ID: 37770
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SHEILLA D GUZMAN
1192 SLAGLE RD
LEESVILLE, LA 71446

Operator ID: 27288
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PATRICK GUZZARDO
13136 NEW GENNESSE RD
TICKFAW, LA 70466

Operator ID: 25266

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RAYMOND A HAAR
POST OFFICE BOX 36
BRITTANY, LA 70718

Operator ID: 10238
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DANIEL C HACKWORTH
2001-B WALLACE LOOP RD
POCAHONTAS, AR 72460

Operator ID: 12225

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL A HACKWORTH
8038 HWY 1
SHREVEPORT, LA 71107

Operator ID: 40472
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

REGINALD J HADRICK
P O BOX 784
NAPOLEONVILLE, LA 70390

Operator ID: 37112
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CARLE E HALE
PO BOX 733
MONTGOMERY, LA 71454

Operator ID: 45892
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MATTHEW C HALL
15525 SHIRLEY DRIVE
PRAIRIEVILLE, LA 70769

Operator ID: 10928
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBIN R HALL
438 MAIN ST
CANKTON, LA 70584

Operator ID: 1920

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TYRONE HALL
8810 LAKE FOREST
NEW ORLEANS, LA 70127

Operator ID: 20387
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THOMAS G HALL
216 BLUE ROBERTS RD
WISNER, LA 71378

Operator ID: 25750
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THOMAS S HALL
113 HILLCREST CIR
HAUGHTON, LA 71037

Operator ID: 26426
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PAUL R HALL
22611 CARRIAGE PARISH LN
ZARCHARY, LA 70791

Operator ID: 32406

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 2

20.00

WASTEWATER TREATMENT 2

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES A HALL
329 ST BENARD PKWY
BRAITHWAITE, LA 70040

Operator ID: 38154
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FRANKLIN C HALL
54296 HWY 445
LORANGER, LA 70446

Operator ID: 39411
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HUGH R HALLE
1610 COLLEGE DRIVE
PINEVILLE, LA 71360

Operator ID: 35947
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONALD J HAMERNICK
175 MOSS RIDGE
PINEVILLE, LA 71360

Operator ID: 11953
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIE R HAMILTON
4420 MAID STONE DRIVE
LAKE CHARLES, LA 70605

Operator ID: 10469
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GRANDERSON D HAMILTON, IV
1608 PINE STREET
FRANKLIN, LA 70538

Operator ID: 10950
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOHN L HAMILTON, JR
24325 LA HWY 16
DENHAM SPRINGS, LA 70726

Operator ID: 1929
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WASTEWATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICKY M HAMM
P O BOX 1281
PEARL RIVER, LA 70542

Operator ID: 14186
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROYAL HAMPTON, III
5120 TOWERING OAKS AVE
MARRERO, LA 70072

Operator ID: 37784
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LLOYD HAMPTON, SR
506 LOCUST ST
THIBODAUX, LA 70301

Operator ID: 6906
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALBERT J HANKINS
11725 TROY ST
BATON ROUGE, LA 70811

Operator ID: 40122
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NICHOLAS W HANKS
PO BOX 1772
SULPHUR, LA 70664

Operator ID: 16426
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANNA F HANNA
POST OFFICE BOX 553
COUSHATTA, LA 71019

Operator ID: 12113
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL E HANSON
P O BOX 939
BALDWIN, LA 70514

Operator ID: 11308
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN C HANSON
1112 KIM ST
SULPHUR, LA 70663

Operator ID: 37850
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DARREN P HARBOUR
POST OFFICE BOX 5337
BOSSIER CITY, LA 71171

Operator ID: 5394
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RUSSELL L HARDAWAY, SR
4318 CANTRELL DR
BERWICK, LA 70342

Operator ID: 37080
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEITH HARDESTY
1316 BEECH STREET
WESTLAKE, LA 70669

Operator ID: 7554
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES W HARDIN
8074 FAIRLANE DR
DENHAM SPRING, LA 70726

Operator ID: 18666
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES H HARDY
PO BOX 447
IOWA, LA 70647

Operator ID: 10045
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EDWARD M HARDY, II
10536 N LA HWY 82
ABBEVILLE, LA 70510

Operator ID: 18686
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID W HARDY
19561 SOUTH FITZMORRIS RD
COVINGTON, LA 70435

Operator ID: 37790
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAY H HARGIS, JR
930 WILLOW BRANCH RD
DERIDDER, LA 70634

Operator ID: 42568
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN HARGIS
142 CHURCH STREET
LOCKPORT, LA 70374

Operator ID: 9231
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BENJAMIN J HARMON
203 CONCERTO CREST
DUSON, LA 70529

Operator ID: 5889
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANTHONY L HARPER
PO BOX 3042
FORT POLK, LA 71459

Operator ID: 10594
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEFFERY A HARPER
901 PINECONE DR
LAKE CHARLES, LA 70611

Operator ID: 1965
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAMIEN D HARPER
3949 ADRIAN ST
SHREVEPORT, LA 71109

Operator ID: 40762
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GARY L HARPER
10533 GILL ROAD
BASTROP, LA 71220

Operator ID: 7873
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONALD L HARPER
441 KINGS DRIVE
PINEVILLE, LA 71360

Operator ID: 8019
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DARYL W HARRELL
7401 HWY 961
CLINTON, LA 70722

Operator ID: 37776
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM B HARRELL
12754 MUSTANG AVENUE
BATON ROUGE, LA 70818

Operator ID: 8020
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DUSTIN L HARRELL
11911 SCENIC HWY
BATON ROUGE, LA 70807-1318

Operator ID: 8449
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT HARRINGTON
1506 LEE AVENUE
HOUMA, LA 70360

Operator ID: 29726

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WASTEWATER TREATMENT 3

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH M HARRINGTON
15085 BLACKWATER RD
ZACHARY, LA 70791

Operator ID: 4941
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BENJAMIN J HARRIS
1450 COTTONWOOD DR
DENHAM SPRINGS, LA 70726

Operator ID: 10522
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOUBERT HARRIS
17836 OLD SCENIC HWY
ZACHARY, LA 70791

Operator ID: 10553
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSEPH HARRIS, JR
POST OFFICE BOX 864
WALKER, LA 70785

Operator ID: 12927
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEFFREY T HARRIS
16496 OAKVIEW DR
PRAIRIEVILLE, LA 70769

Operator ID: 1973
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEONARD HARRIS
4054 DOWD ROAD
COLLINSTON, LA 71229

Operator ID: 1979
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHAD A HARRIS
350 N ST JOSEPH ST
EUNICE, LA 70535

Operator ID: 37455

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEREMY K HARRIS
1809 STONEGATE CT
BATON ROUGE, LA 70815

Operator ID: 39311
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JASON C HARRIS
2585 MARTHA ST
SIMSBORO, LA 71275

Operator ID: 6755
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MITCHELL HARRIS
1730 HAWKINS STREET
SHREVEPORT, LA 71107

Operator ID: 6894
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RONNIE A HARRISON
500 FAIRVIEW
BASTROP, LA 71220

Operator ID: 11185
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TRAVIS L HARRISON
10314 MAGNOLIA
GREENWELL SPRINGS, LA 70739

Operator ID: 15486
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

THOMAS G HARRISON
P O BOX 71
MONTGOMERY, LA 71454

Operator ID: 32108
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES M HARRISON, SR
PO BOX 183
REEVES, LA 70658

Operator ID: 41027
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TERRY G HARRISON
264 DEERFIELD ROAD
MINDEN, LA 71055

Operator ID: 7014
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH E HART
2022 PELICAN ST
SLIDELL, LA 70460

Operator ID: 16486
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BILLIE L HARTLINE
4209 PURDUE STREET
METAIRIE, LA 70003

Operator ID: 1989
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES K HARTZO
740 N CYPRESS
VIVIAN, LA 71082

Operator ID: 12226
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SPENCER T HARVEY
187 LATINO DRIVE
DONALDSONVILLE, LA 70346

Operator ID: 11043

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WASTEWATER TREATMENT 2

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TREVOR J HARVEY
9005 WALKER RD APT923
SHREVEPORT, LA 71118

Operator ID: 26427
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GURNEY D HARVEY
11920 CORE LANE
BAKER, LA 71714

Operator ID: 7803

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CARL K HARWELL
P O BOX 246
MANGHAM, LA 71259

Operator ID: 5433
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID K HATCHER
3835 FLOYD DR.
BATON ROUGE, LA 70808

Operator ID: 15426

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLAYTON HATCHERSON, JR
PO BOX 925
BALDWIN, LA 70514

Operator ID: 7266
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARK R HATFIELD
1505 MASON SMITH AVENUE
METAIRIE, LA 70003

Operator ID: 1998
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES W HATHCOCK
40300 COTTON FIELD AVENUE
GONZALES, LA 70737

Operator ID: 38615
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LOUIS C HATTAWAY
POST OFFICE BOX 35888
WEST MONROE, LA 71294

Operator ID: 2000
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL S HATTEN
207 DRAGO
WEST MONROE, LA 71291

Operator ID: 4945
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RICHARD E HAULK, JR
7 TULIP DR
GRETN, LA 70053-5032

Operator ID: 2001
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
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Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT K HAVARD
P.O. BOX 13375
LAKE CHARLES, LA 70612

Operator ID: 25751
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PATRICK C HAY
5543 FOREST HILL LANE
MILTON, FL 32570

Operator ID: 10429
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VINCENT R HAY
3755 MICHIGAN BLVD
SHREVEPORT, LA 71109

Operator ID: 37980
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARTIN P HAYDEL
42340 CLOUATRE ROAD
GONZALES, LA 70737

Operator ID: 10590
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN A HAYDEL
4275 POPLAR DR
SLIDELL, LA 70461

Operator ID: 2006
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NICKEY D HAYE
108 OUIDA BRYAN ROAD
FARMERVILLE, LA 71241

Operator ID: 13949
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EARL HAYES
119 BAYWOOD AVE
LAFAYETTE, LA 70501

Operator ID: 14347
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALLEN C HAYES
PO BOX 310
ZACHARY, LA 70791

Operator ID: 39215
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 2	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CALVIN HAYES
5609 LANDOR DR
GREENWELL SPRINGS, LA 70739

Operator ID: 7130
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RODRIGUES J HAYES
4210 BARBARA AVENUE
SHREVEPORT, LA 71109

Operator ID: 8941
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SAMUEL E HAYWOOD
306 BEAVER RUN RD
GREENSBURG, LA 70441

Operator ID: 16466
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BENJAMIN L HEAD
241 SUZANNE DR
SHREVEPORT, LA 71115

Operator ID: 39150
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HARRY J HEAD, JR
3419 OLE MISS DRIVE
KENNER, LA 70065

Operator ID: 8862
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RICHARD P HEARD
P O BOX 74
HOMER, LA 71040

Operator ID: 2021
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAY W HEARD
789 LA DON ST
HAUGHTON, LA 71037

Operator ID: 28507
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSEPH C HEBERT
2711 CHURCH STREET
ZACHARY, LA 70791

Operator ID: 10442
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GERALD D HEBERT
11816 GABRIEL RD
ERATH, LA 70533

Operator ID: 11684

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CARLTON J HEBERT
118 FENETRE
SCOTT, LA 70583

Operator ID: 2027
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANIEL W HEBERT
38635 HWY 75
PLAQUEMINE, LA 70764

Operator ID: 27686
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH V HEBERT, III
603 N MOSS ST
CHURCH POINT, LA 70525

Operator ID: 30869
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KIRBY HEBERT
191 FLOYD LITTLE RD
HACKBERRY, LA 70645

Operator ID: 36501
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT J HEBERT
16229 E RIDGEWOOD DRIVE
PRAIRIEVILLE, LA 70769-4264

Operator ID: 38027

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID M HEBERT
PO BOX 80843
LAFAYETTE, LA 70598

Operator ID: 38616
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THEODULE HEBERT, IV
14430 BROWN ROAD
BAKER, LA 70714

Operator ID: 42202
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RANDY J HEBERT
316 WEST MAIN STREET
NEW IBERIA, LA 70560

Operator ID: 4972
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JARED J HEBERT
309 GRACELAND
ABBEVILLE, LA 70510

Operator ID: 6642

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PERCY HEBERT, JR
425 BAYOU PAUL LANE
ST GABRIEL, LA 70776

Operator ID: 6643

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROY E HEBRON
152 DRYDEN RD
BALL, LA 71405

Operator ID: 5980
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT W HECKLER
1512 MONTANA AVE
KENNER, LA 70062

Operator ID: 2045
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PHILIP R HECTOR
112 SOUTHLAKE CIRCLE
YOUNGSVILLE, LA 70592

Operator ID: 2046
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN A HEIDEL, IV
25121 LEETOWN RD
PICAYUNE, MS 39466

Operator ID: 8750
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID A HEINTZ
110 PORTER ST
ST MARTINVILLE, LA 70582

Operator ID: 5719
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN C HEISE
3518 ARVILLA LN
LAKE CHARLES, LA 70605

Operator ID: 28226
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LLOYD R HEITMEIER, JR
2288 MERCEDES BLVD
NEW ORLEANS, LA 70114

Operator ID: 2049
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HAROLD J HELLER, JR
916 NEYREY DR
METAIRIE, LA 70001

Operator ID: 5639
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

J.W. HELLUMS, JR
716 ROYAL STREET
LAKE CHARLES, LA 70607

Operator ID: 8942
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HUBBELL P HELTZ
316 GREGORY ST
LULING, LA 70070

Operator ID: 31206
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BLAINE J HELTZ
1157 DESOTO DRIVE
LUTCHER, LA 70071

Operator ID: 4991
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LARRY D HENDERSON
2800 W. CAPERTON
SHREVEPORT, LA 71109

Operator ID: 11203
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CADE A HENDERSON
2201 OLD SPANISH TRAIL
WESTLAKE, LA 70669

Operator ID: 31247

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JEROME HENDERSON
1726 LYNN STREET
THIBODAUX, LA 70302

Operator ID: 7799

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 3

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL G HENDERSON
27649 TALL OAKS DRIVE
WALKER, LA 70785

Operator ID: 7800
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BROCK E HENLEY
126 PENNINGTON DRIVE
DUSON, LA 70529

Operator ID: 36202
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT C HENRY
302 DANA AVE
ABITA SPRINGS, LA 70420

Operator ID: 13646
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DEMETRIUS HENRY
161 JEANETTE DRIVE
OPELOUSAS, LA 70570

Operator ID: 23986

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

WATER PRODUCTION 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANIEL D HENRY
129 BOURG-LAROSE HWY
BOURG, LA 70343

Operator ID: 26886
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEPHEN HENRY
2234 PINE GROVE ROAD
SALINE, LA 71070

Operator ID: 27770
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FRANCIS D HENSON
108 LA CROIX ROAD
PINEVILLE, LA 71360

Operator ID: 2069
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN L HENSON
66266 HWY 1054
KENTWOOD, LA 70444

Operator ID: 4969
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GREGG P HERBERT
1920 FERONIA STREET
METAIRIE, LA 70005

Operator ID: 2070
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM J HERNANDEZ, JR
58325 DESOBRY
PLAQUEMINE, LA 70764-3501

Operator ID: 10930
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DARREN Z HERNANDEZ
5117 LEE PLACE
MARRERO, LA 70072

Operator ID: 2071
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ERIC J HERNANDEZ
813 ALICE DR FRNT
LAFAYETTE, LA 70503

Operator ID: 5462

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TIMOTHY G HERRICK
POBOX 1638
KINDER, LA 70648

Operator ID: 39570
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00
WATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HERMAN H HERZOG
272 POINT 3 DRIVE
FLORIEN, LA 71429

Operator ID: 6644
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BOBBY W HESTER
2731 HIGHWAY 155
ASHLAND, LA 71002

Operator ID: 9026
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEVE M HEURTIN
63271 GRAHAM RD
AMITE, LA 70422

Operator ID: 2079
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES R HIBBARD
12644 THREE LAKES DR
WALKER, LA 70785

Operator ID: 7073
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RUSS W HICKS
18112 HWY 10
CLINTON, LA 70722

Operator ID: 10247
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JACKY D HICKS
320 AUDLEMAN RD
DOYLINE, LA 71023

Operator ID: 32388
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DARQUIS A HICKS
504 MCCALL STREET
TALLULAH, LA 71282

Operator ID: 37470
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHARLES R HIGHSMITH
PO BOX 5337
BOSSIER CITY, LA 71171-5337

Operator ID: 2088

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WASTEWATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WAYNE HIGHTOWER
4903 YARBROUGH RD
BASTROP, LA 71220

Operator ID: 8420
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID G HILL, II
210 ST NICHOLAS STREET
LULING, LA 70057

Operator ID: 11463
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LUCAS D HILL
40147 PUMPKIN CENTER RD
HAMMOND, LA 70403

Operator ID: 15506
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID E HILL
244 ALONZO
WEST MONROE, LA 71291

Operator ID: 18727
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HERSCHEL HILL, JR
POST BOX 842
BOUTTE, LA 70039

Operator ID: 2095
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HARVEY W HILL
6507 OUILEN BLVD
SHREVEPORT, LA 71108

Operator ID: 22486
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KYLA T HILL
7078 MIRE HWY
CHURCH POINT, LA 70525

Operator ID: 37768
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD R HILL
103 SULLIVAN PLACE
MONROE, LA 71202

Operator ID: 6225
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HERMAN HILL, III
114 A SOUTH ARDIS AVE
OIL CITY, LA 71061

Operator ID: 6272
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RANDALL J HILLE
144 COTEAU JUANITA ST.
HOUMA, LA 70364

Operator ID: 8606

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 4

20.00

WATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES M HILTON
1508 TEEKELL ST
BOSSIER, LA 71111

Operator ID: 24647
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CADE M HIMEL
P O BOX 1000
LAKE CHARLES, LA 70602

Operator ID: 37388

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LYLE J HINGLE
8 WILLOW LANE
GRETNA, LA 70053

Operator ID: 31186
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT T HINGLE
436 KELLOGG DR
LULING, LA 70070

Operator ID: 37810
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHERELYN A HINGLE
336 MILAN DR
PORT SULPHUR, LA 70083

Operator ID: 38330
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD L HINTON
1231 JEAN CHAPEL ROAD
#94
LEESVILLE, LA 71446

Operator ID: 28334
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES E HISLOP
311 MARIE
WEST MONROE, LA 71291

Operator ID: 6579
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BROOKS A HIVELY
1005 HIDDEN HILLS DRIVE
PINEVILLE, LA 71360

Operator ID: 8607
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SAMUEL T HIXON
2063 PRAIRIE RD
MONROE, LA 71202

Operator ID: 2104
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN B HOCKEY
2812 CYPRESS STREET
LAKE CHARLES, LA 70601

Operator ID: 2106
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MITCHELL W HOFFPAUR
PO BOX 91
HAYES, LA 70646

Operator ID: 11045
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GERALD HOFFPAUR
PO BOX 12549
LAKE CHARLES, LA 70611

Operator ID: 2116
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LARRY D HOGAN
406 TREMONT
RUSTON, LA 71270

Operator ID: 2120

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SAMUEL C HOGGATT, JR
P.O. BOX 212
ARCHIBALB, LA 71218

Operator ID: 20007
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SCOTT J HOGUE
1407 CHUCK BAGWELL RD
DEQUINCY, LA 70633

Operator ID: 33606

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOHN D HOLDCRAFT
3359 WAYNE DR
BATON ROUGE, LA 70805

Operator ID: 2123

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENDALL W HOLDEN
PO BOX 1671
GLENMORA, LA 71433

Operator ID: 11688
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOEL J HOLLAND
121 COUNTRY ESTATES DR
WEST MONROE, LA 71291

Operator ID: 15446
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

AMY H HOLLAND
3125 BURNETT TOWN RD
RAGLEY, LA 70657

Operator ID: 36167

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RAYMOND E HOLLENSHEAD
3627 HWY. 534
HOMER, LA 71040

Operator ID: 2129
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DON R HOLLEY
575 BATON RD
OAK GROVE, LA 71263

Operator ID: 37804

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CATHERINE L HOLLINGSWORTH
POST OFFICE BOX 542
312 LANGLEY
ELTON, LA 70532

Operator ID: 12890
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANIEL V HOLLINS
4544 SALEM DR
BATON ROUGE, LA 70814

Operator ID: 27926
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DOUGLAS W HOLLIS
150 BURNETT RD
QUITMAN, LA 71268

Operator ID: 35186
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRISTOPHER S HOLLY
2401 STATE ST
NEW ORLEANS, LA 70118

Operator ID: 2131
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEITH L HOLT, SR
157 DIXIE CHURCH ROAD
SIEPER, LA 71472

Operator ID: 7272
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM W HOLY, JR
419 OAK ST
HOUMA, LA 70363

Operator ID: 42627
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 2	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ULYSESS HONORE
4744 FRENCHMEN STREET
NEW ORLEANS, LA 70122

Operator ID: 2139
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 2	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TODD J HOOVER
1905 N EVERGLADES DR
DEER PARK, TX 77536

Operator ID: 39610

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

WATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KENNETH J HOPEL
719 WEST BANK EXPRESSWAY
GRETNA, LA 70053

Operator ID: 35388

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 1

20.00

WATER TREATMENT 2

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LANDON C HOPKINS
20834 HOLMES DRIVE
ZACHARY, LA 70791

Operator ID: 29327
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GERARD H HOPKINS
220 AUTUMN WIN LN
MANDEVILLE, LA 70471

Operator ID: 37093
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GREGORY R HORNE
27 NELSON RD LOT 4
MONROE, LA 71203

Operator ID: 38850

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 2

20.00

WASTEWATER TREATMENT 2

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEPHEN A HORNSBY
105 GUIDRY ST.
BOURG, LA 70343

Operator ID: 2150
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN W HORTON
107 SAVANNAH CIR
LEESVILLE, LA 71446

Operator ID: 2153
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RODGERIKA B HORTON
2525 W ORICE ROTH RD
APT 1207
GONZALES, LA 70737

Operator ID: 31708
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JERMAINE K HORTON
14573 TILBURY RD
NEW ORLEANS, LA 70128

Operator ID: 7654
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DREW M HOSLI
#33 BERKLEY AVE
HARAHAN, LA 70123

Operator ID: 2157
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEVE F HOSS, JR
1416 D GENDARME ROAD
CARENCRO, LA 70520

Operator ID: 2158
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES W HOSS
242 WREN RD
DERIDDER, LA 70634

Operator ID: 35807
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL J HOTARD, JR
PO BOX 108
LULING, LA 70070

Operator ID: 38352
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOHN HOUSE
118 SCHOOL STREET
DELHI, LA 71232

Operator ID: 24747
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BELINDA A HOUY
565 WADDELL ST
VIDOR, TX 77662

Operator ID: 11428
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES HOWARD
127 JUDY STREET
LAFAYETTE, LA 70501

Operator ID: 10870
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SHANA T HOWARD
1809 MEEKER LOOP
LAPLACE, LA 70068

Operator ID: 13667

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 2

20.00

WASTEWATER TREATMENT 2

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLARENCE M HOWARD
4751 PRELLI DR
NEW ORLEANS, LA 70127

Operator ID: 20407
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALLEN HOWARD, JR
345 RIVER OAKS DRIVE
DESTREHAN, LA 70047

Operator ID: 2165
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RONALD HOWARD, SR
119 JEAN ELLEN AVE
HOUMA, LA 70363

Operator ID: 2166
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAY A HOWARD
13230 JOYCELYN DRIVE
WALKER, LA 70785-4037

Operator ID: 2167

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN G HOWARD
P O BOX 2274
1401 MADISON ST
GRETNA, LA 70054

Operator ID: 36228
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID M HOWARD
915 ORION AVE
METAIRIE, LA 70005

Operator ID: 5965
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DANIEL K HOWARD
POST OFFICE BOX 296
KEITHVILLE, LA 71047

Operator ID: 7277
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BOBBY J HOWELL
2805 HOYTE DRIVE
SHREVEPORT, LA 71118

Operator ID: 10733
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVE L HOWERTON
225 MAYO AVENUE
HARAHAN, LA 70123

Operator ID: 9378
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THOMAS C HOYT
7009 GLENN STREET
METAIRIE, LA 70003-4943

Operator ID: 15526
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SHIRLEY P HUBBARD
7820 SANDPIPER DRIVE
NEW ORLEANS, LA 70128

Operator ID: 2862
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PAULA L HUCKABY
4031 MONTE VISTA DR
ADDIS, LA 70710

Operator ID: 37852
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROGER L HUDLOW
8500 SANDI ACRES LOOP
SHREVEPORT, LA 71129

Operator ID: 2177
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HARRY L HUDSON
4453 BEAVER CREEK
GREENWELL SPRINGS, LA 70739

Operator ID: 2179
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KAREN S HUDSON
1214 GUERRE CIR LOWR
NEW ORLEANS, LA 70117

Operator ID: 26206
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEITH HUDSON
8921 HEATON ST
NEW ORLEANS, LA 70118

Operator ID: 32809
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRITNEY L HUDSPETH
229 BONAPARTE ST
JOAQUIN, TX 75954

Operator ID: 17146
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ELIZABETH A HUENEBURG
2831 COUNTRY AIRE ESTATE
DE SOTO, MO 63020

Operator ID: 5001
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JACK HUERKAMP
38388 PINE STREET
PEARL RIVER, LA 70452-5192

Operator ID: 2184
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

AUBREY B HUFF
5180 HWY 17
P O BOX 120
CROWVILLE, LA 71230

Operator ID: 2186
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CATHY A HUFF
104 GAMMA ST
BELLE CHASSE, LA 70037

Operator ID: 38310

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TOMMY R HUFF, JR
104 GAMMA STREET
BELLE CHASSE, LA 70037

Operator ID: 6713

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONALD L HUFFMAN
3332 OLE MISS DRIVE
KENNER, LA 70065

Operator ID: 2188
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

VICTOR A HUFFSTATLER
3650 MEADOWLAND CT
ZACHARY, LA 70791

Operator ID: 27207

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIE B HUGHES, SR
2801 WEST CALIFORNIA AVE
RUSTON, LA 71270

Operator ID: 2190
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIE F HUGHES
2224 GREENWAY DRIVE
ALEXANDRIA, LA 71301-3005

Operator ID: 5211
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRISTOPHER D HUGHES
4579 HWY. 818
RUSTON, LA 71270

Operator ID: 7017
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH J HUKILL
61280 KINGS ARMS DRIVE
LACOMBE, LA 70445

Operator ID: 9551
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROGER D HULL
7766 PINE BLUFF RD EAST
DENHAM SPRINGS, LA 70726

Operator ID: 2193
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES B HUMPHRIES
2600 FOXXWOOD DRIVE
RUSTON, LA 71270

Operator ID: 10022
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JERAME W HUNT
9016 CEDAR SPRING
DENHAM SPRINGS, LA 70720

Operator ID: 29066

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PAUL T HUNT
21019 ED HILL ROAD
FRANKLINTON, LA 70438

Operator ID: 31887
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID G HUNT
437 HANSON DR
DOYLINE, LA 71023

Operator ID: 38892
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KATHY M HUNTER
2103 11TH STREET
KENNER, LA 70062

Operator ID: 11529

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WASTEWATER TREATMENT 2

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEROME T HUNTER
5519 JEFF DAVIS DR
ALEXANDRIA, LA 71301

Operator ID: 32268
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MORRIS T HUNTER
2919 REGENT STREET
SHREVEPORT, LA 71109

Operator ID: 8946
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LARRY HUNTLEY
600 MAIN STREET
GUEYDAN, LA 70542

Operator ID: 7356
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ALLEN R HURLBUT
1473 BEL FIRETOWER RD
REEVES, LA 70658

Operator ID: 41022

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MADONNA HUTCHINSON
POST OFFICE BOX 222
ROSEDALE, LA 70772

Operator ID: 8761
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PHILLIP R HUTTO
7691 HWY 17
WINNSBORO, LA 71295

Operator ID: 5999
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMIE P HYMEL
18218 RIVER ROAD
LAPLACE, LA 70068

Operator ID: 2210
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GUY J HYMEL, JR
58640 HWY 404
WHITE CASTLE, LA 70788

Operator ID: 2213
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LANCE D HYMEL
3338 HWY 44
RESERVE, LA 70084

Operator ID: 33527
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAVIER F IBARRA
1821 WOODROW AVE
METAIRIE, LA 70001

Operator ID: 41002
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROSEMARIE INGALLS
12755 HWY. 465
LEESVILLE, LA 71446

Operator ID: 20509
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BOBBY N INGRAHAM
P O BOX 614
PORT SULPHUR, LA 70083

Operator ID: 8454
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JIMMY C INGRAM, JR
5298 HWY 565
JONESVILLE, LA 71343

Operator ID: 11192
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN R INGRAM
221 W. THOMAS
SULPHUR, LA 70663

Operator ID: 8344
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARVIN E INMAN
8722 PINEHAVEN DR.
KEITHVILLE, LA 71047

Operator ID: 11603

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LYNTON B IRISH, JR
8713 WEST WILDERNESS WAY
SHREVEPORT, LA 71106

Operator ID: 12176

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

REOLAND J ISAAC
1634 SOUTHLAWN BLVD
NEW ORLEANS, LA 70114

Operator ID: 2223

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TAMMY Y ISAKSON
P O BOX 921
MONTGOMERY, LA 71454

Operator ID: 42672

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL L ISENBERG
1320 FOURTH AVE
PICAYUNE, MS 39466

Operator ID: 2225
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JESSIE A ISIDORE
1203 W 1ST ST #A
BELLE CHASE, LA 70037

Operator ID: 6715

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MATTHEW A ISTRE
134 VENUS ST
SULPHUR, LA 70555

Operator ID: 12686
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES R IVEY
520 CR 330
DEBERRY, TX 75639

Operator ID: 12227
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TREMAINE G IVEY
11 GRIGIO LOOP
LAPLACE, LA 70068

Operator ID: 39671
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN W JACK
1212 HUDSON BLVD
ALEXANDRIA, LA 71302

Operator ID: 6648
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIE JACKSON, III
2205 HWY 75
ST. GABRIEL, LA 70780

Operator ID: 10161
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LOUIS C JACKSON
233 ADONIS WAY
TERRY TOWN, LA 70056

Operator ID: 10833
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

AVONDALE L JACKSON
POST OFFICE BOX 150
MAIL ROUTING BLDG 8010
PLAQUEMINE, LA 70765-0150

Operator ID: 10981
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CARDELL JACKSON
8586 TYSON ROAD
RODESSA, LA 71069

Operator ID: 11904
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DEWANA K JACKSON
P O BOX 678
JOAQUIN, TX 75954-0678

Operator ID: 13215
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HAROLD JACKSON
2649 VIRGINIA COLONY
LAPLACE, LA 70068

Operator ID: 14566
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD C JACKSON
1575 DAVIS ST
BAKER, LA 70714

Operator ID: 2238
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

EDDIE L JACKSON
1155 HYMES RD
NATCHITOCHES, LA 71457

Operator ID: 2240

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VANDERBILL JACKSON
PO BOX 932
HAHNVILLE, LA 70057

Operator ID: 2242
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LOUIS JACKSON
3130 N ROCHE BLAVE ST
NEW ORLEANS, LA 70117-6425

Operator ID: 2247

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIE E JACKSON, III
114 TIMBER RIDGE DR
RAEFORD, NC 28376

Operator ID: 2249
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JANET E JACKSON
4428 FAIRWAY DRIVE
SHREVEPORT, LA 71109

Operator ID: 26447
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL JACKSON, JR
11 LAGI ST
LAPLACE, LA 70068

Operator ID: 32926
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES L JACKSON
910 5TH
BENTON, LA 71006

Operator ID: 33746
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONALD W JACKSON
3354 GERLANDO DRIVE
BATON ROUGE, LA 70814

Operator ID: 36513
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CASEY E JACKSON
107 SUNDANCE DR
RUSTON, LA 71270

Operator ID: 37049
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LARRY JACKSON
3310 BROADWAY ST
NEW ORLEANS, LA 70125

Operator ID: 41384
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL JACKSON, SR
3834 HWY 44
MOUNT AIRY, LA 70076

Operator ID: 5012
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROLAND T JACKSON
8655 JEFFERSON HWY UNIT 4
BATON ROUGE, LA 70809-2244

Operator ID: 5348
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANTHONY C JACKSON
1216 NORTH 44TH STREET
BATON ROUGE, LA 70802

Operator ID: 6649
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CLAUDE D JACKSON
17061 HOSSTON RODESSA RD
RODESSA, LA 71069

Operator ID: 6650

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEWIS E JACKSON
505 ST. JAMES STREET
DERIDDER, LA 70634

Operator ID: 6651
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOHN A JACKSON, JR
POST OFFICE BOX 1172
OBERLIN, LA 70655

Operator ID: 8609
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GEORGE H JACOB
270 JACOB KNOTTS RD
CASTOR, LA 71016

Operator ID: 2251
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID G JACOBS
922 AVE L
BOGALUSA, LA 70427

Operator ID: 2253
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 3

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLYDE L JAMES
276 OLD RIVER ROAD
ALEXANDRIA, LA 71302

Operator ID: 11051
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ARTHUR L JAMES
15095 RAILROAD ST
BONITA, LA 71223

Operator ID: 11814

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSHUA JAMES
4244 E BURTON ST
SULPHUR, LA 70663

Operator ID: 2261
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SARGON JAMES
30 MARS PL.
NEW ORLEANS, LA 70125

Operator ID: 2262
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JESSE W JAMES
6737 OAK LAKE DR
SULPHUR, LA 70665

Operator ID: 2264

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHAD E JAMES
212 TUDOR ST
HOUMA, LA 70364

Operator ID: 28146
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CONARD JAMES
1626 KING DR
NEW ORLEANS, LA 70122

Operator ID: 5665
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL D JAMES, SR
102 BRENDA DRIVE
HAMMOND, LA 70403

Operator ID: 7313
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CURTIS M JANICE
715 E. BUTCHER SWITCH RD
LAFAYETTE, LA 70512

Operator ID: 25009
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAMIAN W JARREAU
10842 SECTION RD
PORT ALLEN, LA 70767

Operator ID: 38151
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HORACE JASON, III
3236 GENERAL COLLINS ST
LAKE CHARLES, LA 70615

Operator ID: 5694
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BILLY C JEANE
P O BOX 290
SLAGLE, LA 71475

Operator ID: 4947
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JULIUS J JEANSONNE
4810 ANCHOR DRIVE
NEW IBERIA, LA 70560

Operator ID: 2278

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEPHEN P JEANSONNE
20768 TUCKER ROAD
ZACHARY, LA 70791

Operator ID: 38595
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JASON B JEFcoat
P O BOX 854
PONCHATOULA, LA 70454

Operator ID: 37457
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOY M JEFFERSON
106 BLUE JAY DR
MONROE, LA 71203

Operator ID: 17867
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES E JENKINS
9628 L WILLIAMS RD
CLINTON, LA 70722

Operator ID: 13389
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALLEN W JENKINS, JR
POST OFFICE BOX 5337
BOSSIER CITY, LA 71171

Operator ID: 2285
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 3	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRISTIAN L JENKINS
58245 DESOBRY ST
PLAQUEMINE, LA 70764

Operator ID: 29546
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANETTE JENKINS
845 GALVEZ ST
MANDEVILLE, LA 70448

Operator ID: 4963
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PALMER JENKINS
123 CHAUVIN
ABBEVILLE, LA 70510-5435

Operator ID: 7795
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEROME R JENNINGS
1772 PAVILLION DR
IOWA, LA 70647-4124

Operator ID: 10971
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

IRA JENNINGS
1107 SUMMERLIN LANE
BASTROP, LA 71220

Operator ID: 2286
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL W JENNINGS
7555 CHOCTAW RD
BRUSLY, LA 70719

Operator ID: 42734
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHRISTOPHER JENNINGS
242 FRAZER
LAKE CHARLES, LA 70605

Operator ID: 8094
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HUBERT A JERRY
919 PARK CIRCLE
OPELOUSAS, LA 70570

Operator ID: 15546
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEITH E JESELINK
385 PLATTIS LANDING RD
BERNICE, LA 71222

Operator ID: 2288
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSEPH JETER
1514 SHORT STREET
OLLA, LA 71465

Operator ID: 24466
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH J JOFFRION
399 ARMISTEAD LANE
MOSSBLUFF, LA 70611

Operator ID: 36528
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEONARD M JOFFRION
7414 HIGHWAY 1 SOUTH
DONALDSONVILLE, LA 70346

Operator ID: 8610
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JASON C JOHNS
601 TEAL CIRCLE
WEST MONROE, LA 71291

Operator ID: 11862

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BOBBY JOHNSON
2930 MUNICIPAL PIER ROAD
SHREVEPORT, LA 71119

Operator ID: 10024
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WALTER C JOHNSON
POST OFFICE BOX 6161
LAKE CHARLES, LA 70606

Operator ID: 10163
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SHANE L JOHNSON
435 BEEHIVE LOOP
SINGER, LA 70660

Operator ID: 10255
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHNNY W JOHNSON
6369 HAWKS ROAD
LEESVILLE, LA 71446

Operator ID: 10473
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARK D JOHNSON
2617 1/2 LAHARPE ST
NEW ORLEANS, LA 70119

Operator ID: 10605
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WATER DISTRIBUTION 3	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES JOHNSON
1011 WINFIELD ROAD
PRINCETON, LA 71067

Operator ID: 10750

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KENNETH J JOHNSON
201 TINY CT
SLIDELL, LA 70460

Operator ID: 10958
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEPHEN B JOHNSON
POST OFFICE BOX 921
ALBANY, LA 70711

Operator ID: 11054
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GEORGE JOHNSON
14576 HWY 10
CLINTON, LA 70722

Operator ID: 11415
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KARL J JOHNSON
208 DAVIS RD
SIMSBORO, LA 71275

Operator ID: 15566

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

EDWARD A JOHNSON
212 VIRGINIA ST
WINNFIELD, LA 71483

Operator ID: 17566

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LONNIE JOHNSON, JR
5174 LAKEVIEW CT
NEW ORLEANS, LA 70126

Operator ID: 20409
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEFFERY L JOHNSON
3342 LITTLE FARMS DRIVE
ZACHARY, LA 70791

Operator ID: 2297
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH D JOHNSON, JR
113 TWAIN RD
DUSON, LA 70529

Operator ID: 2303
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JONATHAN C JOHNSON
14587 CARROLL AVE
WALKER, LA 70785

Operator ID: 2307

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CARL M JOHNSON
900 PENNINGTON LANE
RUSTON, LA 71270

Operator ID: 2311
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NATHAN E JOHNSON
2054 CYPRESS CREEK ROAD
OAKDALE, LA 71463

Operator ID: 2315
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RONDOL B JOHNSON
275 FINLAND PL
NEW ORLEANS, LA 70131

Operator ID: 2322
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD R JOHNSON
953 WARD LANE
PRINCETON, LA 71067

Operator ID: 2326
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOHNNY L JOHNSON
POST OFFICE BOX 309
MINDEN, LA 71055

Operator ID: 2329
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DERL JOHNSON
14848 HOLLY RIDGE ROAD
JONES, LA 71250

Operator ID: 2330

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MONTY W JOHNSON
1038 MS DAISYS DR
SULPHUR, LA 70665

Operator ID: 26207
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH W JOHNSON
227 MCMANUS DR
EUNICE, LA 70535

Operator ID: 30109
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DONALD E JOHNSON
427 GREENMOORE RD
STARKS, LA 70661-3919

Operator ID: 32246
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MATTHEW R JOHNSON
14206 PECAN RIDGE DR
GONZALES, LA 70737

Operator ID: 37805

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TRACY A JOHNSON
201 D STEMMANS RD
SCOTT, LA 70583

Operator ID: 38072
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ELTON JOHNSON
410 VICTORY ST
BUNKIE, LA 71322

Operator ID: 4979
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN M JOHNSON
506 KEES CIRCLE
LAFAYETTE, LA 70506

Operator ID: 5476
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EDWARD B JOHNSON
1622 BLOOD BEND ROAD
ST. LANDRY, LA 71367

Operator ID: 6519
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL J JOHNSON
109 MAYHAW STREET
DERIDDER, LA 70634

Operator ID: 6523
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DARREN K JOHNSON
27072 TEENY WEENY LANE
FOLSOM, LA 70437

Operator ID: 6829
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PAMELLA O JOHNSON
1027 BODCAU STATION ROAD
HAUGHTON, LA 71037-9573

Operator ID: 6830

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES D JOHNSON
6355 FEDERAL 80
RAYVILLE, LA 71269

Operator ID: 7446
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MITCHELL J JOHNSON
399 AVERY MITCHELL PVT RD
YOUNGSVILLE, LA 70592

Operator ID: 7889

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FELIX R JOHNSON
607 DONALDSON
DRY PRONG, LA 71423

Operator ID: 7898
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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State of Louisiana
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Engineering Services
INVOICE

WADE F JOHNSON
44350 E. VILLAR JR ROAD
PRAIRIEVILLE, LA 70769

Operator ID: 8784
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GARY W JOHNSON
7012 PERKINS PLACE COURT
APT A
BATON ROUGE, LA 70812

Operator ID: 9056

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

WASTEWATER TREATMENT 2

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT G JOHNSTON
216 LETON CUTOFF ROAD
SHONGALOO, LA 71072

Operator ID: 5004
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KEITH W JOHNSTON
404 E KRAUSE STREET
WESTLAKE, LA 70669-4814

Operator ID: 6120

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WASTEWATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TIEG A JOINER
56081 HWY 445
HUSSER, LA 70442

Operator ID: 16666

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 2

20.00

WASTEWATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GEORGE JOLLA, JR
325 BAYOU DRIVE
FERRIDAY, LA 71334

Operator ID: 4964
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEROY P JONES
185 JONES RD
PLAIN DEALING, LA 71064

Operator ID: 10257
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JUDY G JONES
185 JONES ROAD
PLAIN DEALING, LA 71064

Operator ID: 12228
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRANDON W JONES
810 TOWNSLEY RD
DERIDDER, LA 70634

Operator ID: 12307
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES A JONES
38101 HOPE VILLA DR
PRAIRIEVILLE, LA 70769

Operator ID: 14787
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

EDWIN E JONES
240 MAROQUETTE DR
NATCHEZ, LA 71457

Operator ID: 15586

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICKY J JONES
1630 RAVIER LN
SUNSHINE, LA 70780

Operator ID: 18027
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DEMETRIUS E JONES
7610 MOREL ST
NEW ORLEANS, LA 70128

Operator ID: 20410
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILFRED JONES
150 NORTHLOOP
LAFAYETTE, LA 70506

Operator ID: 21026
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ELIZABETH H JONES
8800 SOUTH CLAIBORNE AVEN
NEW ORLEANS, LA 70065

Operator ID: 2362
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD A JONES
PO BOX 771
JENA, LA 71342

Operator ID: 2371
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRIAN K JONES
407 INCARNATE WORD
KENNER, LA 70065

Operator ID: 2373
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TONY M JONES
18324 CREP BRUMFIELD RD
FRANKLINTON, LA 70438

Operator ID: 2374
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

FRANKIE J JONES
POST OFFICE BOX 176
PIONEER, LA 71266

Operator ID: 2376

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLIFFORD L JONES
147 LEON THOMAS RD
RUSTON, LA 71270

Operator ID: 2377
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ARCHIE L JONES
P O BOX547
CULLEN, LA 71021

Operator ID: 2382
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES L JONES
416 OAK STREET
MANSFIELD, LA 71052

Operator ID: 2383
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DONALD F JONES, II
3492 US HWY 171
STONEWALL, LA 71078

Operator ID: 25766

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

WATER PRODUCTION 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILBERT JONES
604 BEATRICE STREET
HOUMA, LA 70363

Operator ID: 2870
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MYRON J JONES
PO BOX 203
ST JAMES, LA 70086

Operator ID: 30586
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEO G JONES
P O BOX 471
WHITE CASTLE, LA 70788

Operator ID: 32166
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRANDON K JONES
214 ACADIA RD
CHATHAM, LA 71226

Operator ID: 34148

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SIDNEY S JONES
1904 MARK ST
LAKE CHARLES, LA 70607

Operator ID: 36168
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RANDALL H JONES
1020 WILLOWBANK DR
ASHLAND CITY, TN 37015

Operator ID: 41662
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MIGUEL G JONES
5121 MARIGNY ST
NEW ORLEANS, LA 70122

Operator ID: 42483
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RUSSELL T JONES
26088 FALLEN OAKS DRIVE
DENHAM SPRINGS, LA 70726

Operator ID: 5153

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WASTEWATER TREATMENT 3

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

FRANK L JONES
80 CABUCK LANE
RAYVILLE, LA 71269

Operator ID: 5544

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LOUIS C JONES, JR
4714 SULLIVAN STREET
BOSSIER, LA 71111

Operator ID: 5681
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BEN JONES, JR
139 TILLOU ANDRUS DR
OPELOUSAS, LA 70570

Operator ID: 5804
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOHN R JONES, JR
7317 REDD RD
FALLS CHURCH, VA 22043-2709

Operator ID: 5847
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DON P JONES
106 POTOMAC
BOGALUSA, LA 70427

Operator ID: 5900
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOHNNY JONES
4943 SCHINDLER DRIVE
NEW ORLEANS, LA 70127

Operator ID: 6065
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DONALD R JONES
2908 CONCORDIA DRIVE
LAPLACE, LA 70068

Operator ID: 6348

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

EMANUEL F JONES
512 VIRGIL STREET
LAKE PROVIDENCE, LA 71254

Operator ID: 6584
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH H JONES
76 LEE STREET
FRANKLIN, LA 70538

Operator ID: 6653
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CURY JONES
124 CARLTON DR
LAFAYETTE, LA 70501

Operator ID: 7519
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRODERICK N JONES
6155 CEDAR GROVE DR
BATON ROUGE, LA 70812

Operator ID: 7634
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MYRON G JONES
2008 GUILLORY ST
WESTLAKE, LA 70669

Operator ID: 8597
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PHILIP C JORDAN
148 RUBY DR
ANACOCO, LA 71403

Operator ID: 26787
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIE H JORDAN
3701 SANDY LANE
HARVEY, LA 70058

Operator ID: 32929
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEVE A JORDAN
2240 HWY 80
VICKSBURG, MS 39180

Operator ID: 38093
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DALE O JORDAN
518 WEST HOOVER STREET
DESTREHAN, LA 70047

Operator ID: 5714
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEFFERY JOSEPH
6618 ESTATE LANE
LAKE CHARLES, LA 70607

Operator ID: 31266
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LANCE G JOSEPH
8701 GERVAIS
NEW ORLEANS, LA 70127

Operator ID: 32930
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NOLTON N JOSEPH
520 EAST PARK DR
IOWA, LA 70647

Operator ID: 37854
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANTHONY JOSEPH, SR
136 LAKE RIDGE DRIVE
LAPLACE, LA 70068

Operator ID: 6341
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PERRY JOSEPH, JR
715 BREAU DRIVE
LAPLACE, LA 70068

Operator ID: 7131
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN P JOSEPH
518 PERRY DRIVE
ABBEVILLE, LA 70510

Operator ID: 7900
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALLEN J JUBE, JR
12059 ARC RD
COVINGTON, LA 70435

Operator ID: 10574
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOHN J JUDERMAN
6510 SHREVEPORT HWY
PINEVILLE, LA 71360

Operator ID: 2400

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL J JUDICE
1300 MARIE STREET
RAYNE, LA 70578

Operator ID: 6534
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICKY JUDICE
405 FELECIE DRIVE
LAFAYETTE, LA 70506

Operator ID: 9188
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANTONIO O JUMPER
505 TAYLOR
BASTROP, LA 71220

Operator ID: 24468
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

COREY L JUNIOR
223 W PIN OAK
ST ROSE, LA 70087

Operator ID: 28348

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEVEN D JUNOT
7626 SOUTH RIVER ROAD
ADDIS, LA 70710

Operator ID: 6934

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FRANKIE G JUPITER
1015 ATLANTIC AVE
NEW ORLEANS, LA 70114

Operator ID: 35402
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KAWIKA K KAAI
312 1/2 NINTH ST
MORGAN CITY, LA 70380

Operator ID: 11884
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID KALNASY, JR
264 RYAN RD
BENTON, LA 71006

Operator ID: 22026
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PATRICK J KANE
100 CAPRI COURT
HOUMA, LA 70364

Operator ID: 32946
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MEHTAP N KANKILIC-GUAGLIARDO
8155 JEFFERSON HWY
APT 1301
BATON ROUGE, LA 70809

Operator ID: 9581
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LOUIS C KAUFMAN
1820 1/2 LOWERLINE ST
NEW ORLEANS, LA 70118

Operator ID: 2406
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JACK L KEADLE
201 OLYMPIC DRIVE
LAFAYETTE, LA 70506

Operator ID: 10558
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRENDA D KEARNS
3300 BAYOU D'LNDE ROAD
WESTLAKE, LA 70669

Operator ID: 2409
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIE KEATING
318 EAST 7TH ST
GRAMERCY, LA 70052

Operator ID: 37628
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES R KEEN
507 MAGNOLIA ST
DERIDDER, LA 70634

Operator ID: 18786
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TARA W KEITH
P O BOX 32
CALVIN, LA 71410

Operator ID: 38890
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TRACY E KELL
3545 CYPRESS LANE
PAULINA, LA 70763

Operator ID: 24046
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 2	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SHELBY D KELLEY
8925 HWY 167 SOUTH
RUSTON, LA 71273

Operator ID: 10576
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROGER S KELLEY
426 BRENDA DR
DENHAM SPRING, LA 70726

Operator ID: 2422
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIAM G KELLEY
117 BILL KELLEY ROAD
DODSON, LA 71422

Operator ID: 2428
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES E KELLUM
1009 N HOWARD AVE.
METAIRIE, LA 70003

Operator ID: 32947
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TYRONE KELLY, SR
POST OFFICE BOX 2451
ST FRANCISVILLE, LA 70775

Operator ID: 10808

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VIRGINIA S KELLY
1100 SOUTH ST VALERIE
ABBEVILLE, LA 70510

Operator ID: 20926
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CARL J KELLY
5540 CHRISTIAN LANE
NEW ORLEANS, LA 70126

Operator ID: 2426

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JIMMY R KELLY
741 LIVINGSTON AVE
SHREVEPORT, LA 71107

Operator ID: 39732

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DETRA M KELSEY
211 EARHART AVENUE
BARKSDALE AFB, LA 71110

Operator ID: 42122

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 3	20.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSHUA D KENNEDY
8874 HIGHWAY 422
NORWOOD, LA 70761-3302

Operator ID: 11467

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

WATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES W KENNEDY, JR
3218 ARDIS TAYLOR
SHREVEPORT, LA 71118

Operator ID: 17126
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALVIN W KENNEDY
201 HOLIDAY BLVD STE 150
COVINGTON, LA 70433-5013

Operator ID: 2434
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARIO D KENNEDY
3515 CLAIBORNE STREET
METAIRIE, LA 70001

Operator ID: 8259

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN K KENT
4411 CHEROKEE ROSE DR
ZACHARY, LA 70791

Operator ID: 38790
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KERRY L KEOWEN
11827 PHEASANTWOOD DRIVE
BAKER, LA 70714

Operator ID: 11792
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PATRICK J KERR
P.O. BOX 96016
BATON ROUGE, LA 70896-9016

Operator ID: 4960

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

AARON M KERRY
1326 LOUIS
SHREVEPORT, LA 71108

Operator ID: 11892
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BOBBY R KEY
919 BETHUNE ST
MONROE, LA 71202

Operator ID: 2444
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SAMI I KHALIL
1808 CLAUDIUS ST
METAIRIE, LA 70005

Operator ID: 20806
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH R KIBODEAUX
1526 E LEICHTY RD
LAKE CHARLES, LA 70611

Operator ID: 5252
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PETER G KIDDER
1830 LIVE OAK RD
ARNAUDVILLE, LA 70512

Operator ID: 11057
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TRUDY H KIGGANS
4391 PINE RIDGE DRIVE
BATON ROUGE, LA 70809

Operator ID: 10650
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PRESTON KILLCREASE
29538 WILLOW GLENN ST
DENHAM SPRINGS, LA 70726

Operator ID: 2448
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GEORGE T KILPATRICK
POST OFFICE BOX 954
JENNINGS, LA 70546

Operator ID: 11783

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
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Engineering Services
INVOICE

KAP JIN KIM
4957 E VINTAGE LN
LAKE CHARLES, LA 70605

Operator ID: 39230
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GREGORY KIMBALL
9135 SIMMONS BLVD
SHREVEPORT, LA 71118

Operator ID: 36590

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GLENN R KIMMELL
4215 39TH
ZACHARY, LA 70791

Operator ID: 41125
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SIDNEY L KINCHEN
P. O. BOX 1883
ALBANY, LA 70711

Operator ID: 6537

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRYAN L KING
3020 TALL TIMBERS ROAD
BATON ROUGE, LA 70816

Operator ID: 11793
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WAYLON C KING
2602 SCOTT ST
NEW IBERIA, LA 70563

Operator ID: 20966
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD KING
6281 MAXWELL ROAD
BASTROP, LA 71220

Operator ID: 2461
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TRAVIS M KING
265 SKYLER DRIVE
GLOSTER, LA 71030

Operator ID: 8952
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RAYMOND KINLER, JR
2309 JUDY DR.
MERAUX, LA 70075

Operator ID: 2466
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CARL J KINLER
177 LAKEWOOD DRIVE
LULING, LA 70070

Operator ID: 8028
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL D KINNEY
2861 FM 727
JEFFERSON, TX 75657

Operator ID: 39216
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JERRY KIRK
141 E. PARK CIRCLE
LAKE CHARLES, LA 70611

Operator ID: 10419
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

NICK E KITZMILLER
6620 MEADOW RIDGE LANE
LAKE CHARLES, LA 70605

Operator ID: 31246

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GERALD R KLEINPETER
38600 DAVID DRIVE
PRAIREVILLE, LA 70769

Operator ID: 8617

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EDWARD KLINE, JR
609 ALLEN STREET
TALLULAH, LA 71282

Operator ID: 10252
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL K KLITZKE
344 GRIFFIN DR
STONEWALL, LA 71078

Operator ID: 11905
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CASEY J KLOEHN
2500 E ST BERNARD HWY
MERAUX, LA 70075

Operator ID: 40802

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOHNNY D KNIGHT
518 FIFTH ST
MORGAN CITY, LA 70380

Operator ID: 2481
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GARRY W KNIGHT
20111 JONES LANE
PONCHATOULA, LA 70454

Operator ID: 2482
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JULIE KNIGHT
6212 LA HWY 1
BATCHELOR, LA 70715

Operator ID: 25768
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KRISTOPHER M KNIGHT
144 J K SIMMONS RD
POLLOCK, LA 71467

Operator ID: 25769
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD O KNIGHT
179 STANLEY RD
LEESVILLE, LA 71446

Operator ID: 40522
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RICHARD L KNIGHTON, JR
1901 NORMAND AVE
BOSSIER CITY, LA 71112

Operator ID: 5306
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES L KNOX
2190 HWY 2 ALTERNATE
HAYNESVILLE, LA 71038

Operator ID: 5576

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

WATER PRODUCTION 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LARRY J KOENENN
POST OFFICE BOX 601
KILN, MS 39556

Operator ID: 10775
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL A KOENIG
P.O. BOX 569
PRAIRIEVILLE, LA 70769

Operator ID: 10888
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN J KOHNKE
109 CANDLEGLOW DR
NEW IBERIA, LA 70563

Operator ID: 36907
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BETTY G KOPP
337 JESSIE JONES DRIVE
BENTON, LA 71006

Operator ID: 8186
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRIAN K KORANEK
33345 N WALKER RD
WALKER, LA 70785

Operator ID: 10933
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER PRODUCTION 1	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JEREMY J KOSS
P O BOX 1133
MANY, LA 71449

Operator ID: 6205
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LOUIS F KOVAR
217 RUE GRAND CHENE
THIBODEAUX, LA 70301

Operator ID: 14207
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DONALD G KOZAN, JR
13938 KIMBLETON AVE
BATON ROUGE, LA 70817

Operator ID: 2491

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PATRICK J KRAEMER
2484 GAUSE BLVD WEST
SLIDELL, LA 70460

Operator ID: 37927
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RHONDA S KRATZER
3500 HOUSTON RIVER RD
WESTLAKE, LA 70669

Operator ID: 9639
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARTY L KRISCHKE
6643 LONG LEAF TRACE
BALL, LA 71405

Operator ID: 8618

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARY A KROPOG
804 TRANSCONTINENTAL
METAIRIE, LA 70001

Operator ID: 5623
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PENNI L KUHN
206 VIRGIA ST
JEANERETTE, LA 70544

Operator ID: 19132
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ERIC K KULCKE
4121 POPLAR GROVE DR
ADDIS, LA 70710

Operator ID: 19106

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BENJAMIN J LABICHE
1004 SOUTH AVENUE E
CROWLEY, LA 70526

Operator ID: 8619
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHRISTOPHER J LABORDE
PO BOX 612
SIMMESPORT, LA 71369

Operator ID: 25366
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD J LABOULIERE
3880 HWY 448
GREENSBURG, LA 70441

Operator ID: 25308
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES D LABOVE
6470 URSAN DR
SULPHUR, LA 70665-7663

Operator ID: 11699
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES A LACAZE
715 SAINT CLAIR AVE
NATCHITOCHEs, LA 71457-6132

Operator ID: 2512
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSHUA S LACOMBE
5817 HABEEB DR
ALEXANDRIA, LA 71301

Operator ID: 12747
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PAUL F LACOMBE
2570 FOURNERAT ROAD
EUNICE, LA 70535

Operator ID: 2502
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALBERT J LACROIX
1415 RICHLAND RD
NEW ORLEANS, LA 70114

Operator ID: 39773
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH LADEK, JR
5900 STRATFORD PLACE
NEW ORLEANS, LA 70131

Operator ID: 2518
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KENNETH A LAFEVERS
712 WEST 7TH ST
KAPLAN, LA 70548

Operator ID: 25966
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FRANCIS P LAFITTE
2981 HWY 177
PELICAN, LA 71063

Operator ID: 6544
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROLAND LAFLEUR, JR
20683 PRIDE BAYWOOD RD
GREENWELL SPRING, LA 70739

Operator ID: 7526
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEFFERY J LAFOUNTAIN
40074 LA HWY 3125
PAULINA, LA 70763

Operator ID: 7792
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ARMAND LAGARDE
1512 WAKEFIELD DR
MARRERO, LA 70072-4415

Operator ID: 7702
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

HARRIS A LAGRANGE
103 WEDGEWOOD
SLIDELL, LA 70458

Operator ID: 11059

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RAY M LAGRANGE
P O BOX 242
EDGARD, LA 70049

Operator ID: 37448
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAMIAN C LAICHE
POST OFFICE BOX 1188
LUTCHER, LA 70071

Operator ID: 7132
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEFFREY W LAIR
2017 HWY 531
MINDEN, LA 71055

Operator ID: 8621
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSHUA D LAJAUNIE
100 WOODLAND DR
THIBODAUX, LA 70301

Operator ID: 10478
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DUSTIN R LAJAUNIE
123 PALMETTO LN
THIBODAUX, LA 70301

Operator ID: 12229
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RANDY M LAMBERT
9490 RAMBO ROAD
ST AMANT, LA 70774

Operator ID: 2534
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GEORGE T LAMKIN
212 J I SANDIFER RD
DRY PRONG, LA 71423

Operator ID: 36169
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EDWARD A LAMPO, JR
145 FAMILY ST
DES ALLEMANDS, LA 70030

Operator ID: 32446
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JEFFREY N LAMSON
801 6TH ST
GUEYDAN, LA 70542

Operator ID: 27826

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH C LANCLOS, JR
2513 JUDY DRIVE
MERAUX, LA 70075

Operator ID: 2536
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEPHEN P LANDAICHE
14086 AIRLINE HWY
APT 2126
GONZALES, LA 70737

Operator ID: 5761
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KENT J LANDECHE
817 BARBER RD
PARADIS, LA 70080

Operator ID: 2538

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WARREN H LANDRUM
412 AREA 4 ROAD
WEST MONROE, LA 71292

Operator ID: 2543
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SHIRLEY R LANDRUM
412 AREA 4 ROAD
WEST MONROE, LA 71292

Operator ID: 7427
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WARREN K LANDRUM
412 AREA 4 ROAD
WEST MONROE, LA 71292

Operator ID: 7428

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FOSTER J LANDRY
1100 HWY 304
THIBODAUX, LA 70301

Operator ID: 10261
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES LANDRY
1203 E VILLIEN STREET
ABBEVILLE, LA 70510

Operator ID: 11060

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOBIE M LANDRY
104 STEPHANIE STREET
NEW IBERIA, LA 70560

Operator ID: 11843
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID L LANDRY
104 SUN VILLAGE DRIVE
LAFAYETTE, LA 70501

Operator ID: 13070
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TRAVIS D LANDRY
2571 PATTERSON RD
TORBERT, LA 70762

Operator ID: 13390
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KEMMY J LANDRY, JR
116 MORRIS LN
PORT SULPHUR, LA 70083

Operator ID: 24887
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

AARON P LANDRY
2725 ROSEDALE RD
PORT ALLEN, LA 70767

Operator ID: 2544

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 4

20.00

WATER PRODUCTION 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARION J LANDRY
PO BOX 368
BALDWIN, LA 70514

Operator ID: 2550
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GABRIEL J LANDRY
3804 SHANE STREET
NEW IBERIA, LA 70560

Operator ID: 2551

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CURT G LANDRY
7078 MIRE HWY
CHURCH POINT, LA 70525

Operator ID: 2556
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LARRY V LANDRY
125 SOUTHWOOD DR.
BOSSIER CITY, LA 71111

Operator ID: 2561
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ADDIS J LANDRY, JR
1022 RIDGEFIELD RD
THIBODAUX, LA 70301

Operator ID: 2566

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 4

20.00

WATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TONY J LANDRY
1495 HWY 308 SOUTH
DONALDSONVILLE, LA 70346

Operator ID: 32951
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

AARON M LANDRY
205 UDSTAD LN
PORT SULPHUR, LA 70083

Operator ID: 38351
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN M LANDRY
206 HAWTHORN DRIVE
LULING, LA 70070

Operator ID: 38593
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRYAN J LANDRY
35930 HWY 75
PLAQUEMINE, LA 70764

Operator ID: 41363
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MIA C LANDRY
6118 MAIR RD
NEW IBERIA, LA 70560

Operator ID: 5122
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MAX B LANDRY
32358 DUNN ROAD
DENHAM SPRINGS, LA 70726

Operator ID: 6313

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WASTEWATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL J LANDRY
1742 ROSS ST
OPELOUSAS, LA 70570

Operator ID: 6314

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BURLEY J LANDRY
1529 HIGHWAY 317
FRANKLIN, LA 70538

Operator ID: 7163
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PAUL A LANDRY
304 LIVE OAK
LAFAYETTE, LA 70503

Operator ID: 8030
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GENERAL A LANE
P O BOX 77
GRAND CANE, LA 71032-0124

Operator ID: 6030
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL A LANE
110 NORTH OAK
VIDALIA, LA 71373

Operator ID: 8623
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSHUA B LANEUX
148 WESTFIELDS COURT
WEST MONROE, LA 71291

Operator ID: 30791
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DALLAS J LANG
75057 BONNIE LANE
COVINGTON, LA 70435

Operator ID: 11701
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAKE A LANGE
P O BOX 177
CENTERVILLE, LA 70522

Operator ID: 39030
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SID P LANGE
17924 PELICAN ROAD
ERATH, LA 70533

Operator ID: 9116
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHARLES A LANGLINAIS
PO BOX 914
YOUNGSVILLE, LA 70592

Operator ID: 2803
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JASON L LANGLINAIS
PO BOX 124
SCOTT, LA 70583

Operator ID: 36457
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WHITNEY A LANGLOIS, JR
17252 GREENWELL SPRING RD
CENTRAL, LA 70739-4008

Operator ID: 2577

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 2

20.00

WATER PRODUCTION 2

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DONALD E LANGSTON
PO BOX 160
GREENSBURG, LA 70441

Operator ID: 2578
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES D LANGSTON
106 SANDERS ST
PINEVILLE, LA 71360

Operator ID: 27307
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SCOTT H LANIER
73178 WEST GIVENS RD
KENTWOOD, LA 70444

Operator ID: 36170
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICKEY J LAPINE
52371 ALESSI RD
INDEPENDENCE, LA 70443

Operator ID: 2582
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEITH A LAPOINT
P O BOX 4756
LAKE CHARLES, LA 70606

Operator ID: 39031
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RANDALL J LAPOINT
689 WALKER ROAD
REEVES, LA 70658

Operator ID: 40402
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID S LAPRARIE
1420 EFFIE HWY
DEVILLE, LA 71328

Operator ID: 36479
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VINCENT J LAPRIME
2233 VENUS PL
VIOLET, LA 70092

Operator ID: 10096
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LESTER L LAQUA, JR
190 BRELAND RD
JENA, LA 71342-5800

Operator ID: 36807
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CANTRELLE D LARKINS
4730 EAST ADAMS COURT
NEW ORLEANS, LA 70128

Operator ID: 6086
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NICHOLAS A LARKS
P O BOX 985
GONZALES, LA 70737

Operator ID: 20009
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KIMBERLY R LARocca
2627 TUILERIE DR
LAKE CHARLES, LA 70615

Operator ID: 39170
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RYAN T LAROUSSE
23098 SOUTH ROSARY STREET
VACHERIE, LA 70090

Operator ID: 11309
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LAGRETTA T LARS
5849 DIANNE ST
SHREVEPORT, LA 71119

Operator ID: 11335
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RONALD D LARSON, JR
9865 MEADOW LANE
DENHAM SPRINGS, LA 70706

Operator ID: 19886
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN W LARSON
PO BOX 161
CHURCHPOINT, LA 70525

Operator ID: 7164
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TODD F LASSEIGNE
101 LARIS DRIVE
RACELAND, LA 70394

Operator ID: 12749
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KIRK A LASSEIGNE
1016 PAULA DR
ST MARTINVILLE, LA 70582

Operator ID: 2595
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH D LASSIEN
4004 GOOS FERRY RD
LAKE CHARLES, LA 70615

Operator ID: 31306
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HAROLD C LASTRAPES
821 CAPRI ALLEY
UNIT 2
OPELOUSAS, LA 70570

Operator ID: 7025
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN R LASYONE
92 ROBERT GOLEMAN RD
ELMER, LA 71424

Operator ID: 2597
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEREMY J LATIOLAIS
106 PRYTANIA DRIVE
LAFAYETTE, LA 70503

Operator ID: 2599
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STACEY S LAUGHLIN
P O BOX 385
ANACOCO, LA 71403

Operator ID: 16607
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN LAURENT
2440 DEERWOOD CT
HARVEY, LA 70058

Operator ID: 20411
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EDWARD M LAURENT
60337 KAY DR
LACOMBE, LA 70445

Operator ID: 39927
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JEREMY R LAVERGNE
712 N JOHNSON ST
SULPHUR, LA 70663

Operator ID: 28357

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CASEY E LAVERGNE
207 CRESTLINE DR
LAFAYETTE, LA 70507

Operator ID: 29486
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MERVIN D LAVESPERE, SR
4400 BAYOU TOUREAU RD
ST LANDRY, LA 71367

Operator ID: 2610
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DANNY W LAVIGNE
708 HWY 1085
MADISONVILLE, LA 70447

Operator ID: 2611

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHAD LAVOIE
322 MILLAUDON
NEW ORLEANS, LA 70118

Operator ID: 8861
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SEBASTIAN L LAWHON
P O BOX 732
PLAQUAMINE, LA 70765

Operator ID: 14226
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ADRIENNE S LAWRENCE
PO BOX 73
STERLINGOTN, LA 71280

Operator ID: 36308
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

L.C. LAWRENCE
4235 SAVAGE FKS RD
LEESVILLE, LA 71446

Operator ID: 42708

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LIONEL K LAWSON
3731 SHAFFET LN
ZACHARY, LA 70791

Operator ID: 2621
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PHILLIP J LAY
3346 S HAZEL ST
LOT 1
ARCADIA, LA 71001

Operator ID: 18826
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JASON J LAY
39791 MARK COURT
PONCHATOULA, LA 70454

Operator ID: 8324
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MATTHEW P LAYSSARD
POST OFFICE BOX 46
OTIS, LA 71466

Operator ID: 2624
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JASON K LEACH
117 WHITE OAK
BENTON, LA 71006

Operator ID: 26466
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOHN LEACH
POST OFFICE BOX 81875
LAFAYETTE, LA 70598-1875

Operator ID: 2649
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WARREN S LEACHMAN
744 JONESBORO RD
ARCADIA, LA 71001

Operator ID: 31766

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN S LEBLANC
POST OFFICE BOX 92531
LAFAYETTE, LA 70509

Operator ID: 10171
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN M LEBLANC
2248 RIVERSIDE DRIVE
PORT ALLEN, LA 70767

Operator ID: 10632
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MAURICE J LEBLANC, JR
20073 RIVER CREST DR
HAMMOND, LA 70403

Operator ID: 11123
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JASON M LEBLANC
15470 HIGHWAY 3235
CUT OFF, LA 70345

Operator ID: 11369

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BERNARD A LEBLANC
29523 RICHARDSON DR
HOLDEN, LA 70744

Operator ID: 13687
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SETH M LEBLANC
8490 M'S COVE
SORRENTO, LA 70778

Operator ID: 25186
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIAM C LEBLANC
510 SHADY LAKE PARKWAY
BATON ROUGE, LA 70810

Operator ID: 2659

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES LEBLANC
191 OAKWOOD DR
MANDEVILLE, LA 70448

Operator ID: 2664
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KERRY J LEBLANC
5861 ANDRE' LANE
PORT ALLEN, LA 70767

Operator ID: 37816
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LYNDA M LEBLANC
2712 E GEN WAINWRIGHT
LAKE CHARLES, LA 70605

Operator ID: 4982
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN P LEBLANC
20 IMOGENE STREET
WAGGAMAN, LA 70094

Operator ID: 5288
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

FRANCIS S LEBLANC, JR
1191 LEED CHAMPAGNE ROAD
ST MARTINVILLE, LA 70582

Operator ID: 8096
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DIANA K LEBLANC
5737 GENE LANE
LAKE CHARLES, LA 70605

Operator ID: 9400

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT A LEBLANC
POST OFFICE BOX 94
FORDOCHE, LA 70732

Operator ID: 9988
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES M LEBON
605 W LOGANS
SULPHUR, LA 70663

Operator ID: 2637
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHRIS D LEBOUF
17522 HWY 102
JENNINGS, LA 70591

Operator ID: 6274
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEITH L LEBOUF
1837 SOUTH BEND ROAD
LAKE CHARLES, LA 70605

Operator ID: 9599
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL J LECOMPTE
102 TALBOT DR
HOUMA, LA 70360

Operator ID: 5550

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 4

20.00

WATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GLENN A LEDET
3836 EDENBORN STREET
METAIRIE, LA 70002

Operator ID: 2675
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHRISTOPHER J LEDET
402 RAINTREE TRAIL
LAFAYETTE, LA 70501

Operator ID: 6129

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RONALD J LEDET, SR
137 CRAFTSMAN RD
CARENCRO, LA 70520

Operator ID: 8039
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRANDON D LEDOUX
POST OFFICE BOX 548
IOTA, LA 70543

Operator ID: 10820
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JILL M LEDOUX
210 JESUIT CAMP RD
KINDER, LA 70648

Operator ID: 39211
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TIMOTHY R LEE
4240 LITTLE HOPE DR
ADDIS, LA 70710

Operator ID: 10439
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ANDREW W LEE
28391 HIGHWAY 603
PERKINSTON, MS 70459

Operator ID: 2683

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JESSE M LEE
175 JESSE LEE RD
SHONGALOO, LA 71072

Operator ID: 2685
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONZEE E LEE
PO BOX 580
MINDEN, LA 71055

Operator ID: 2686
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PATRICK E LEE
33083 PETEPS ST
ABITA SPRINGS, LA 70420

Operator ID: 2698
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD R LEE
POST OFFICE BOX 730
KENNER, LA 700630730

Operator ID: 2699
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THOMAS P LEE
POST OFFICE BOX 156
AMITE, LA 70422

Operator ID: 5317
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EDWARD L LEE
140 COVERED L. ROAD
BERNICE, LA 71222

Operator ID: 6183
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROLAND LEE, JR
P O BOX 661
RACELAND, LA 70394

Operator ID: 6907
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH C LEGE
8415 WOODLAWN ROAD
MAURICE, LA 70555

Operator ID: 2703
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEE M LEGENDRE
132 HWY 307
THIBODAUX, LA 70301

Operator ID: 25789
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ERIN J LEGER
1629 EUNICE ST
SULPHUR, LA 70663

Operator ID: 16166
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HERMAN R LEGER
2250 ALLENE ST
BRUSLY, LA 70719

Operator ID: 2704
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL W LEGER
PO BOX 352
LEONVILLE, LA 70551

Operator ID: 6547
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WAYNE J LEGER
2567 ABBEVILLE HWY
RAYNE, LA 70578

Operator ID: 8627
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MATTHEW W LEGGETT
PO BOX 1372
JACKSON, LA 70748

Operator ID: 7788
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KURT L LEGLUE
PO BOX 3428
PARADIS, LA 70080

Operator ID: 2709
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TAMMY M LEGNON
1511 NORTH CUTTING AVENUE
JENNINGS, LA 70546

Operator ID: 2772
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GARY LEHR
2168 LASALLE AVE
GRETNA, LA 70053

Operator ID: 2711

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DANIEL A LEJEUNE
538 NEMENTO
LAKE ARTHUR, LA 70549

Operator ID: 11704

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VAN A LEJEUNE
3815 CHRIS DR
ADDIS, LA 70710

Operator ID: 19906
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEITH R LEJEUNE
400 S DAVID ST
CHURCH POINT, LA 70525

Operator ID: 2712
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARK E LEJUNE, JR
1378 GOLDEN ROAD
SULPHUR, LA 70665

Operator ID: 33826
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PAUL W LEMAIRE
PO BOX 226
PORT SULPHUR, LA 70083

Operator ID: 2715
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

J R LEMOINE
1016 LEMOINE LANE
MOREAUVILLE, LA 73155

Operator ID: 10841

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

NORRIS A LEMOINE, JR
1154 HWY 451
MOREAUVILLE, LA 71355

Operator ID: 10847
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PENN A LEMOINE
POST OFFICE BOX 373
MOREAUVILLE, LA 71355

Operator ID: 2721
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TIMMY A LEMOINE
804 COUVILLION STREET
MOREAUVILLE, LA 71355

Operator ID: 2726
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEITH J LEMOINE
832 MINDEN AVE
KENNER, LA 70062

Operator ID: 39797
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WATER DISTRIBUTION 3	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH A LEMOINE
2705 HWY 1181
PLAUCHEVILLE, LA 71362

Operator ID: 7179
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANIEL P LEMOINE
8500 BLUEBONNET BLVD
#16
BATON ROUGE, LA 70810

Operator ID: 7787
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DOUGLAS R LENARD
P O BOX 414
CHATHAM, LA 71226

Operator ID: 6005
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WARREN M LENNIX
1948 YORKTOWN DR
LAPLACE, LA 70068

Operator ID: 21546
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RAYNELLE LENNIX
1509 ENGLISH COLONY DR.
LAPLACE, LA 70068

Operator ID: 2730
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BURT A LEONARD, JR
2161 HWY 71 SOUTH
BUNKIE, LA 71322

Operator ID: 10279
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TOMMY J LEONARD
PO BOX 252
MORGANZA, LA 70759

Operator ID: 35986
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RICHARD A LEONARD
291 NORTH BEARHEAD
SINGER, LA 70660

Operator ID: 6923

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LLOYD LEPRETRE
6135 GRAND MARAIS RD
JENNINGS, LA 70546

Operator ID: 2739
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL J LERAY
P O BOX 630
HOUMA, LA 70364

Operator ID: 31946
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES M LEROUX
331 FERN STREET
NEW ORLEANS, LA 70118

Operator ID: 32952
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM E LESLIE, JR
4219 STONEWALL DRIVE
ADDIS, LA 70710-3055

Operator ID: 37817
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRISTOPHER A LEVY
3823 MICHIGAN BLVD
SHREVEPORT, LA 71109

Operator ID: 39330
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VIRGINIA J LEWIS
830 WHITE RD
LAKE CHARLES, LA 70611

Operator ID: 11261
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GREGORY P LEWIS
4308 FOURCHON DRIVE
BAKER, LA 70714

Operator ID: 11419

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WASTEWATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SEAN P LEWIS
260 WHITLEY RD
DES ALLEMANDS, LA 70030

Operator ID: 23426

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ALBERT J LEWIS
8507 HWY 14
NEW IBERIA, LA 70560

Operator ID: 2747

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TERRI P LEWIS
4216 RAYNE DRIVE
NEW ORLEANS, LA 70122

Operator ID: 32966
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ANNETTE M LEWIS
1614 NORTH PINE STREET
VIVIAN, LA 71082

Operator ID: 33846
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CORNELL L LEWIS
1002 NICHOLS DR
VIDALIA, LA 71373

Operator ID: 6549
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOE D LEWIS
3277 HWY 569
FERRIDAY, LA 71334

Operator ID: 9559
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JASON J LICCIARDI
51105 HWY 443
LORANGER, LA 70446

Operator ID: 5775
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID A LICCIARDI
1241 KINGSWOOD ST
WESTWEGO, LA 70094

Operator ID: 6023
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLYDE E LINAM
3289 CHATEAU BLVD
KENNER, LA 70065

Operator ID: 2761
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD LINDER
5230 BENJAMIN STREET
ALEXANDRIA, LA 71303

Operator ID: 2765
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LONNIE L LINDSEY
8877 SPRING RIDGE DRIVE
KEITHVILLE, LA 71047

Operator ID: 10672
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DOMINIC R LINDSEY
120 NATALIE LN LOT 64
PATTERSON, LA 70392

Operator ID: 39392
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER PRODUCTION 1	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN F LINDSLY
8564 ISLAND RD
VENTRESS, LA 70783

Operator ID: 10286
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FRANK LINDSLY, SR
2678 TUTS LANE
VENTRESS, LA 70783

Operator ID: 9949
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSEPH M LIPSCOMB
121 COLLETTE ST
EXCELSIOR SPG, MO 54024-1809

Operator ID: 34186

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH J LISSARD
5001 LOREAUVILLE ROAD
NEW IBERIA, LA 70563

Operator ID: 11430
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THOMAS W LITTLE
1705 PALERMO DRIVE
SULPHUR, LA 70663

Operator ID: 12752
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GERALD G LITTLE
58536 HWY 439
BOGALUSA, LA 70427

Operator ID: 37068
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RHONDA K LITTLE
15595 SULPHUR SPRINGS RD
BASTROP, LA 71220

Operator ID: 6222
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN W LITTLE
208 CENTERVILLE
DENHAM SPRINGS, LA 70706

Operator ID: 6232
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CECIL S LITTLEJOHN
PO BOX 563
VIVIAN, LA 71082

Operator ID: 7594
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RONALD W LLOYD
44327 BONNER CREEK RD
FRANKLINTON, LA 70438

Operator ID: 7369

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THOMAS P LOBELL
9812 HAWTHORNE AVE
RIVER RIDGE, LA 70123

Operator ID: 2789
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LOUIS LOCANTRO
701 LAKE AVE
METAIRIE, LA 70005

Operator ID: 2792
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID C LOCKARD
124 DUFF ROAD EXT
MONROE, LA 71203

Operator ID: 40385
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THERON A LOCKETT
7594 HWY 75
GEISMAR, LA 70734

Operator ID: 37015
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER TREATMENT 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID P LOCKETT
320 SOUTH OLYMPIA STREET
NEW ORLEANS, LA 70119

Operator ID: 6066
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL P LOCKWOOD
500 MARILYN DRIVE
MANDEVILLE, LA 70448

Operator ID: 2793
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAMIEN M LOCOCO
122 GASSEN STREET
LULING, LA 70070

Operator ID: 8044
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEREMY T LOFTON
3325 E. TEXAS APT 319
BOSSIER CITY, LA 71111

Operator ID: 28847
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

OLIN J LOGUE, JR
1017 PECAN
MAMOU, LA 70554

Operator ID: 22086
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHRISTIAN M LOISELLE
PO BOX 188
JONESVILLE, LA 71343

Operator ID: 39333

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEVE LOMBARDO
2220 ARAMIS DR
MERAUX, LA 70075

Operator ID: 2800
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEREMY C LONDON
PO BOX 313
WAKEFIELD, LA 70784

Operator ID: 13212
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DARREN J LONDON
1798 77TH AVE
BATON ROUGE, LA 70807

Operator ID: 31686
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HAL B LONG
10810 MILLEDALE RD
ZACHARY, LA 70791

Operator ID: 6165
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RAFAEL LOPEZ
222 JONES STREET
BERWICK, LA 70342

Operator ID: 11310
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH C LOPEZ, SR
2212 TORRES DR
ST BERNARD, LA 70085

Operator ID: 6746
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIE A LOPEZ
POST OFFICE BOX 1774
PATTERSON, LA 70392

Operator ID: 7370
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LANE E LORD
119 NAPOLEON AVE
NAPOLEONVILLE, LA 70390

Operator ID: 38856
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRIS A LOUGON
401 S 2ND STREET
GUEYDAN, LA 70542-4417

Operator ID: 10578
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SCOTT M LOUPE
16069 MICHELLI ROAD
INDEPENDENCE, LA 70443

Operator ID: 5712
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VAN C LOUVIER
109 NELMS LOOP
COLFAX, LA 71417

Operator ID: 39431
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DERRELL J LOUVIERE
1715 DAVID DRIVE
LOT #2
JEANERETTE, LA 70544

Operator ID: 8737
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DWAYNE A LOVE
331 ANDREWS
PINEVILLE, LA 71360

Operator ID: 2819

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HENRY LOVE
16 COUNTRY CLUB DR
LAPLACE DR, LA 70068

Operator ID: 2821
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIAM W LOVETT, JR
272 HORNE LANE
WEST MONROE, LA 71292

Operator ID: 37779

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RHONDA S LOVEWELL
1610 ORIOLE ST
BOSSIER CITY, LA 71112

Operator ID: 5969
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PERRY LOWE
1871 CENTRAL LOOP
ROBELINE, LA 71469

Operator ID: 6656
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ABE LOWE, III
43109 DOCKSIDE COURT
PRAIRIEVILLE, LA 70769

Operator ID: 8115
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROY G LOWERY
476 DUCHESNE LN
COLUMBIA, LA 71418

Operator ID: 20014
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN D LOWERY
138 MCGEE DRIVE
PATTERSON, LA 70392

Operator ID: 2827
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRANDON H LUCY
1794 HALE ROAD
VILLE PLATTE, LA 70586

Operator ID: 28407
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT F LUCY
799 CHRISTY LANE
SULPHUR, LA 70664-2119

Operator ID: 8099
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TERRY D LYLES
2524 SCARLETT DRIVE
LAKE CHARLES, LA 70611

Operator ID: 16527
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 3	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CURT D LYONS
12480 SCENIC HWY
BATON ROUGE, LA 70807

Operator ID: 38951
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KIRINSKI J LYONS
305 NORMAN DR
LAFAYETTE, LA 70501

Operator ID: 6658
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT W MACHEN
617 BOOTH CUTOFF ROAD
DOYLINE, LA 71023

Operator ID: 11354
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN J MACK
18074 HOOD ROAD
LIVINGSTON, LA 70754

Operator ID: 26708
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RAY A MACK
1737 FULTON STREET
SHREVEPORT, LA 71103

Operator ID: 8190
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DEWAYNE A MADDEN
11791 HWY 165 N
STERLINGTON, LA 71280

Operator ID: 36791
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DELMOND K MADISE
P O BOX 1218
MORGAN CITY, LA 70381

Operator ID: 25686
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER PRODUCTION 1	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARCUS MADISON
1709 CRESCENT DR
MONROE, LA 71202

Operator ID: 38871

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD MADRIGAL
P O BOX 63
TURKEY CREEK, LA 70585

Operator ID: 36181
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SALVADOR MAFFEI, JR
4204 GIRARD ST
METAIRIE, LA 70001

Operator ID: 23446
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 3	20.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KIMBERLY MAGERS
8120 LAVENDER DR
BATON ROUGE, LA 70818

Operator ID: 41443
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

HEATH R MAGGARD
15449 PARISH LINE RD
KINDER, LA 70648

Operator ID: 39172

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GRANT R MAGNON
PO BOX 13572
ALEXANDRIA, LA 71302

Operator ID: 2892
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID P MAHNER, JR
42 WEST IMPERIAL DRIVE
HARAHAN, LA 70123

Operator ID: 11865
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID P MAHNER, SR
4125 MEADOWDALE ST.
METAIRIE, LA 70002

Operator ID: 2896

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WASTEWATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT W MAHONEY
100 RIDGEWAY DRIVE
WEST MONROE, LA 71291-4932

Operator ID: 7430
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ARTHUR J MAILLET
70052 7TH
COVINGTON, LA 70433

Operator ID: 10836

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 2	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID MAINS
331 CEDAR LANE
MANY, LA 71449

Operator ID: 11709
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WALTER L MAINS
4415 MARTHAVILLE ROAD
MANY, LA 71449

Operator ID: 12767

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RANDY G MAJORIA
8704 ROSECREST LANE
RIVER RIDGE, LA 70123

Operator ID: 6721
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EARVIN P MALLERY, JR
1737 WATLING DR
MARRERO, LA 70072

Operator ID: 36226
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHARLES E MALLET, JR
2239 2ND STREET
NEW ORLEANS, LA 70113

Operator ID: 11404

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 3

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALVIN J MALLET
233 RILEY ROAD
ARNAUDVILLE, LA 70512

Operator ID: 7028
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRIAN E MALLET
215 SIMON COVE LANE
JENNINGS, LA 70546

Operator ID: 2904
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EVERETT L MALONE
BOX 438
IOTA, LA 70543

Operator ID: 5226
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RAY C MALONE
P O BOX 447
CHENEYVILLE, LA 71325

Operator ID: 9139

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GREGORY MANCUSO
22181 GREENWELL SPRINGS R
GREENWELL SPRINGS, LA 70739

Operator ID: 8855
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
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State of Louisiana
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Office of Public Health
Engineering Services
INVOICE

JAMES T MANDOSIA
4217 ILLINOIS AVE
SHREVEPORT, LA 71109

Operator ID: 2914
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BLAISE A MANGANO
PO BOX 991
PEARL RIVER, LA 70452

Operator ID: 2917
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

FRANK B MANGANO
2380 SUNSET
SLIDELL, LA 70461

Operator ID: 29466
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DEMETRIUS MANNING
PO BOX 1257
WEST MONORE, LA 71294

Operator ID: 24248
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EDWIN J MANOTAS
18671 SCIVIOUE LANE
DENHAM SPGS, LA 70726

Operator ID: 2924
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILFRED J MANUEL
2107 SUGARMILL RD
NEW IBERIA, LA 70563

Operator ID: 2928
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LLOYD G MANUEL
554 PARK RD
KINDER, LA 70648

Operator ID: 2931
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID M MANUEL
37390 OAK HILLS DR
DENHAM SPRINGS, LA 70706

Operator ID: 36511
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VICKI S MANUEL
601 RUE DES ETOILES
CARENCRO, LA 70520

Operator ID: 8630
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KARL P MANUEL
1030 BARBARA STREET
SULPHUR, LA 70663

Operator ID: 9602

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

QIANA T MAPLE
3500 MILAM ST
APT# W204
SHREVEPORT, LA 71109

Operator ID: 11334

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CARLTON R MAPLES
POST OFFICE BOX 204
PLEASANT HILL, LA 71065

Operator ID: 8631
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MUBASHIR MAQBOOL
5752 BELLAIRE DR
NEW ORLEANS, LA 70124

Operator ID: 39791
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BUFORD R MARBURY
16236 FRENCHTOWN ROAD
GREENWELL SPRINGS, LA 70739

Operator ID: 7785

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRUCE C MARCEAUX
583 AUGUSTINE DR
LAKE CHARLES, LA 70611

Operator ID: 39491
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GILBERT MARCELIN
926 BOHNE RD
PORT ALLEN, LA 70767

Operator ID: 25311
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL R MARCHAL
104 PARK AVE
NEW ROADS, LA 70760

Operator ID: 2935
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOHN D MARCHAND
5445 POINT CLAIR RD
CARVILLE, LA 70721

Operator ID: 37387

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SAMUEL D MARCHIAFAVA
18342 WEATHERWOOD
BATON ROUGE, LA 70816

Operator ID: 2939
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RUSK W MARCOTTE
501 OAK POINT RD
LAPLACE, LA 70068

Operator ID: 10835
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL V MARCOTTE
1152 COCOVILLE ROAD
MANSURA, LA 71350

Operator ID: 11067
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEVEN J MARCOTTE
160 NATION LANE
CENTERPOINT, LA 71323

Operator ID: 11069
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PHILIP R MARCOTTE
159 LAUREL STREET
MARKSVILLE, LA 71351

Operator ID: 5381
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LARRY E MARICLE
6708 MEL ST
LAKE CHARLES, LA 70607

Operator ID: 38090

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KYLE S MARKER
7657 KURTHWOOD ROAD
LEESVILLE, LA 71446

Operator ID: 18866
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEITH A MARKEY
9136 CARTER CIR
DENHAM SPRINGS, LA 70726

Operator ID: 25129
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAY R MARSHALL
1322 HWY 858
DELHI, LA 71232

Operator ID: 2945
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEVE J MARSHALL
P O BOX 933
VINTON, LA 70668

Operator ID: 2946
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLAD M MARSHALL
9015 WORTHINGTON LAKE AVE
BATON ROUGE, LA 70810

Operator ID: 42671
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MERRILL D MARSHALL
1111 LULING ESTATE DRIVE
LULING, LA 70070

Operator ID: 6908
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEROME A MARSHALL
1238 ALABO ST
NEW ORLEANS, LA 70117

Operator ID: 7483
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

VINCENT J MARTARONA, III
2201 OLD SPANISH TRAIL
WESTLAKE, LA 70669

Operator ID: 31267

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

WASTEWATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNY L MARTIN
309 TIMBERLANE DR
SLIDELL, LA 70458

Operator ID: 18886
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KEVIN D MARTIN
9186 EDNA LANE
GONZALES, LA 70737

Operator ID: 25011
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH J MARTIN
P O BOX 418
MELVILLE, LA 71353

Operator ID: 25709
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES G MARTIN
15529 EL RANCHITOS AVENUE
PRIDE, LA 70818

Operator ID: 2952

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WASTEWATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN J MARTIN
6358 DOUBLE TREE CT
BATON ROUGE, LA 70817-8915

Operator ID: 2953
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES C MARTIN
806 HUNTWYCK CIRCLE
SLIDELL, LA 70460

Operator ID: 2955

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HENRY L MARTIN
605 W. 68TH
SHREVEPORT, LA 71106-2925

Operator ID: 2958
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TERRY D MARTIN
605 WESTSIDE ST
HOMER, LA 71040

Operator ID: 2964

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

WATER PRODUCTION 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONNIE T MARTIN
P O BOX 8293
NEW ORLEANS, LA 70182

Operator ID: 37454
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN R MARTIN
37510 BUTZ RD
WHITE CASTLE, LA 70788

Operator ID: 41284
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DOUGLAS S MARTIN
2131 WETTERMARK ST
ALEXANDRIA, LA 71301

Operator ID: 45272
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GARY M MARTIN
9021 ROSECREST LANE
RIVER RIDGE, LA 70123

Operator ID: 5739
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN A MARTIN
P O BOX 478
PORT BARRE, LA 70577

Operator ID: 6512
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRAD J MARTIN
8022 ED LEJEUNE STREET
ADDIS, LA 70710

Operator ID: 6659
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BOBBY R MARTIN
9568 FOSTER ROAD
BATON ROUGE, LA 70811

Operator ID: 8050
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JUSTIN D MARTINEZ
974 LD KNOX RD
GILBERT, LA 71336

Operator ID: 36182
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRIAN E MARTINEZ
9039 ST LANDRY RD
BUILDING G
GONZALES, LA 70737

Operator ID: 42727
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SYBIL C MARTIN-KELLEY
8925 HWY 167 S
RUSTON, LA 71270

Operator ID: 16526
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JEWEL C MASON, JR
9295 WATSON DRIVE
DENHAM SPRINGS, LA 70726

Operator ID: 29326

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FLOYD E MASON, JR
P.O. BOX 133
KROTZ SPRINGS, LA 70750

Operator ID: 2973
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALVIN J MASON
125 UNION ST
MONTZ, LA 70068

Operator ID: 36629
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JIMMY R MASON
6325 ALAMEDA DR
SHREVEPORT, LA 71119

Operator ID: 38210
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL O MASON
5688 SILVER LEAF AVE
BATON ROUGE, LA 70812

Operator ID: 42344
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JIM G MASON
1552 BLUNT MILL ROAD
GRAND CANE, LA 71032

Operator ID: 7877
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL O MASSEY
205 BISCAYNE DR
WEST MONROE, LA 71291

Operator ID: 17586

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOANNE L MASSONY
608 PARK RIDGE DR
RIVER RIDGE, LA 70123

Operator ID: 1683
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NATHAN P MATHERNE
244 GUIDRY ST.
BOURG, LA 70343

Operator ID: 2980
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

VINCENT R MATHERNE
1013 DITCH AVE
MORGAN CITY, LA 70380

Operator ID: 2984
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHARLES L MATHERNE
21470 HWY 20 WEST
VACHERIE, LA 70090

Operator ID: 9021

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DIRK M MATHERNE
144 DIXIE DRIVE
DES ALLEMANDS, LA 70030

Operator ID: 9379
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEITH R MATHEWS
9645 OSBURN RD
SHREVEPORT, LA 71129

Operator ID: 40222
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
OP-IN-TRAINING - WWC	20.00
OP-IN-TRAINING - WWT	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD K MATTE
5983 BLACKBERRY LN
BUFORD, GA 30518

Operator ID: 2990
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KYLE S MATTHEWS
39490 MORSE CEMETERY RD
PONCHATOULA, LA 70454

Operator ID: 19137
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOANNIE MATTHEWS
575 MANUEL RD
NOBLE, LA 71462

Operator ID: 33426
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LARRY D MATTHEWS
4765 BAYOUSIDE DR
CHAUVIN, LA 70344

Operator ID: 7903
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JUANITA F MATTINGLY
201 DIANE ST
HOUMA, LA 70360

Operator ID: 2998
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSHUA D MAXEY
614 SAM HEAD RD
EROS, LA 71238

Operator ID: 20826
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HUEY S MAY
47406 WHISKEY LN EXT.
TICKFAW, LA 70466

Operator ID: 41465
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ARTHUR H MAY
231 GARR ROAD
RUSTON, LA 71270

Operator ID: 7194
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT A MAYER
6553 HIGHWAY 1
BELLE ROSE, LA 70341

Operator ID: 38617
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KELLIE MAYER
109 EAGLE LANDING
COVINGTON, LA 70435

Operator ID: 40426
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES E MAYEUX
12433 SOUTH PALMER LANE
PORT ALLEN, LA 70767

Operator ID: 11563
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KEITH A MAYEUX
845 N BAYOU DES GLAISES
MOREAUVILLE, LA 71355

Operator ID: 3007

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEE M MAYNOR
410 S BARKLEY
IOWA, LA 70647

Operator ID: 36495
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARTIN G MAYO
1323 LION S CAMP RD
ANACOCO, LA 71403

Operator ID: 3013
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CONSTANCE J MAYO
3500 HOUSTON RIVER RD
WESTLAKE, LA 70669

Operator ID: 9759
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RICKY J MAYON
920 SYCAMORE ST
MORGAN CITY, LA 70380

Operator ID: 3014
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEFF MAYS
221 OAKWOOD DR
LAKE CHARLES, LA 70605

Operator ID: 26208
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES MAYS
170 PAYNE RD
BERNICE, LA 71222

Operator ID: 36106
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MATHEW M MCACY
7820 JAY ST
METAIRIE, LA 70003

Operator ID: 7449
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRAD M MCADAMS
2700 WINIFRED ST
METAIRIE, LA 70003-1953

Operator ID: 6722
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT C MCCAIN
6941 HWY 1
SHREVEPORT, LA 71107

Operator ID: 8964
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DEELAWRENCE MCCALL
828 FERGUSON ROAD
DELHI, LA 71232

Operator ID: 8327
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JARROD B MCCARTNEY
PO BOX 1301
COUSHATTA, LA 71019

Operator ID: 8046

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CODY D MCCARTY
297 CORKERN RD
DERIDDER, LA 70634

Operator ID: 40467
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

W C MCCARTY
2873 HWY 1228
WINNFIELD, LA 71483

Operator ID: 5993

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KEVIN G MCCAULEY
4930 MCHUGH DRIVE
ZACHARY, LA 70791

Operator ID: 3058

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 4

20.00

WATER PRODUCTION 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JONATHON J MCCAULEY
4930 MCHUGH DR
ZACHARY, LA 70791

Operator ID: 37074
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DENISE M MCCLAIN
4017 RYE ST
UNIT A
METAIRIE, LA 70002

Operator ID: 20146
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHARLES W MCCLAY, JR
18235 MARTHA DR
ZACHARY, LA 70791

Operator ID: 32607
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID M MCCLUNG
705 TEXACO STREET
NEW IBERIA, LA 70563

Operator ID: 8635
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANTONIO J MCCOY
1053 MAVIS DR
BATON ROUGE, LA 70810

Operator ID: 41442
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANA J MCCOY
4275 HWY 155
COUSHATTA, LA 71019

Operator ID: 5748
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GARLAND Z MCCRACKEN
1245 HWY 1240
MONTGOMERY, LA 71454

Operator ID: 11267

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANITA R MCCracken
PO BOX 901
MONTGOMERY, LA 71454

Operator ID: 3030
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THOMAS J MCCULLY
POST OFFICE BOX 461
DES ALLEMANDS, LA 70030

Operator ID: 3066
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EDWARD M MCCURRY
1348 LANSE DE TATE ROAD
VILLE PLATTE, LA 70586

Operator ID: 8637
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN C MCDADE
1430 FRANKLIN RD
DERIDDER, LA 70634

Operator ID: 40662
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BARRY K MCDANIEL
P O BOX 505
TULLOS, LA 71479

Operator ID: 24166
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CARL J MCDANIEL
1614 ANGELA LN
LAKE CHARLES, LA 70611-4513

Operator ID: 8341
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD M MCDEARMONT
112 HOLLY LN
HAUGHTON, LA 71037

Operator ID: 37977
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES P MCDONALD
122 RIVER RD
STERLINGTON, LA 71280

Operator ID: 14227
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THOMAS G MCDONALD
2575 TULIP STREET
BOSSIER, LA 71112

Operator ID: 29606
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRIAN E MCDONALD
1854 PUMP STATION ROAD
MANY, LA 71449

Operator ID: 6156
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENT D MCGEE
161 A.J. LANE
POLLOCK, LA 71467

Operator ID: 11940
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH D MCGEE
340 MOSS POINT DRIVE
BOYCE, LA 71409

Operator ID: 11960
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DENNIS R MCGEHEE
10735 SHOE CREEK DR
BATON ROUGE, LA 70818

Operator ID: 3079
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JORDAN P MCGREGOR
7604 NELSON ROAD
LAKE CHARLES, LA 70605

Operator ID: 36183
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL B MCGUFFEE
813 REX ROAD
HARRISONBURG, LA 71340

Operator ID: 6259
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH S MCGUIRE
55 STAIRWAY OAKS
NEW ORLEANS, LA 70131

Operator ID: 11405
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KELLY P MCHUGH
845 GALVEZ ST
MANDEVILLE, LA 70448

Operator ID: 8343
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DENNIS J MCINERNEY
2704 CORINNE DRIVE
CHALMETTE, LA 70043-3849

Operator ID: 3085

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 4

20.00

WATER PRODUCTION 4

10.00

WATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DALE E MCINTYRE
P.O. BOX 975
INDEPENDENCE, LA 70443

Operator ID: 28006
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JERAMIE J MCKAY
106 BELLA ST
CHAUVIN, LA 70344

Operator ID: 37367

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 3

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM MCKEEL
P. O. BOX 972
FERRIDAY, LA 71334

Operator ID: 5815
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GILBERT J MCKENZIE
28 MARY ST.
MADISONVILLE, LA 70447

Operator ID: 5833
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ERIC D MCLEAN
PO BOX 1554
LULING, LA 70070

Operator ID: 29506
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES M MCLEMORE
105 CAMP T.L. JAMES RD
DOWNSVILLE, LA 71234

Operator ID: 10271
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KENNETH R MCLEMORE
445 LASCO LANGSTON RD
MARION, LA 71260

Operator ID: 41742

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PAUL D MCLEMORE, II
104 OAK DOWNS
PEARL RIVER, LA 70452

Operator ID: 7204
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KENDALL N MCLEOD
PO BOX 481
HOLDEN, LA 70744

Operator ID: 11961

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES H MCLEOD
24642 ABERNATHY RD
SPRINGFIELD, LA 70462

Operator ID: 26228
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TIMOTHY E MCLEOD
POST OFFICE BOX 455
HOLDEN, LA 70744

Operator ID: 7134

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

REGINALD P MCMASTERS
25505 HARVEY ROAD
FRANKLINTON, LA 70438

Operator ID: 12449
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICKY L MCMULLEN, JR
34 MARTHA DR
MONROE, LA 71203

Operator ID: 14228
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PENNY MCNEAL
112 LAFOURCHE RD
BREAUX BRIDGE, LA 70517

Operator ID: 20886
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JEFFREY S MCNEW
POST OFFICE BOX 7237
MONROE, LA 71211

Operator ID: 6585
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNY L MCQUEEN
1108 HIGHLAND DRIVE
PICAYUNE, MS 39466

Operator ID: 6350
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH W MCQUITTY
2021 CAMBRONNE ST
NEW ORLEANS, LA 70118

Operator ID: 3050
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEREMY D MCRAE
143 MASSEY ROAD
LEESVILLE, LA 71446

Operator ID: 11585
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LAURA M MCRAE
143 MASSEY RD
LEESVILLE, LA 71446

Operator ID: 40943
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES B MCREYNOLDS
PO BOX 1008
ZACHARY, LA 70791

Operator ID: 8460

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

WATER PRODUCTION 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SHAWN K MCTOPY
39380 KEAGHEY RD
PONCHATOULA, LA 70454

Operator ID: 25986
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HOWARD N MCVAY
3842 CHRISTY DR
SHREVEPORT, LA 71129

Operator ID: 41903
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BILLY E MCVAY
727 UNION CHURCH ROAD
WINNSBORO, LA 71295

Operator ID: 6518
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00
WATER PRODUCTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

VICTOR MCWILLIAMS
6212 N WINDERMERE DR
SHREVEPORT, LA 71129

Operator ID: 37978

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DENNIS J MEANS
POST OFFICE BOX 5337
BOSSIER CITY, LA 71171

Operator ID: 12231
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TARQUIN D MEARIDY
204 WEST JESSIE JONES ST
COVINGTON, LA 70433

Operator ID: 11269

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRIAN E MEATON
PO BOX 61811
ST PETERSBURG, FL 33784-1811

Operator ID: 43972
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEROME MEAUX
13538 AMBROSE RD
KAPLAN, LA 70548

Operator ID: 38059
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRIAN J MEAUX
123 PAIGE ST
DUSON, LA 70529

Operator ID: 7515

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 3

20.00

WASTEWATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JASON J MECHE
213 SUNDOWN
BROUSSARD, LA 70518

Operator ID: 32646

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RICHARD D MECHE
1928 HIGGINBOTHAM HWY
CHURCH POINT, LA 70525

Operator ID: 5514
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRANDON J MECHE
109 SCHOEFFLER RD
CARENCRO, LA 70520

Operator ID: 7913
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRANDT MECHE
5475 DEVORE DRIVE
BATON ROUGE, LA 70811

Operator ID: 9051
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEVEN B MECUM
121 MAGNOLIA CT
LULING, LA 70070-3211

Operator ID: 3103
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLENE MEGGS
P O BOX 871654
NEW ORLEANS, LA 70187

Operator ID: 32666
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MELVIN J MEISTER
10414 ACY ROAD
ST. AMANT, LA 70774

Operator ID: 32366
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WYADE M MELANCON
2272 HWY. 44
PAULINA, LA 70763

Operator ID: 28668
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MERLIN MELANCON
537 DEPRIMO LANE
OPELOUSAS, LA 70570

Operator ID: 5123
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KIRK J MELANCON
29090 HWY 644
VACHERIE, LA 70090

Operator ID: 8463
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DARRIN R MELERINE
2720 PLAZA DR
CHALMETTE, LA 70043

Operator ID: 3114
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MATTHEW W MENARD
1312 W 9TH
KAPLAN, LA 70548

Operator ID: 24827

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLAY P MENARD
4127 VETERANS MEMORIAL DR
ABBEVILLE, LA 70510

Operator ID: 27767
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JANET E MENARD
105 BEAU CLOS LANE
BROUSSARD, LA 70518

Operator ID: 6663
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEENAN J MENARD
110 WEST MENARD ROAD
DUSON, LA 70529

Operator ID: 7029
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SHERILL J MENARD
545 MENARD ROAD
SULPHUR, LA 70665

Operator ID: 8888
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICKY L MENARD
6862 EARL ELLENDER RD
SULPHUR, LA 70665

Operator ID: 9603
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VINCENT J MENGE
5781 HWY 56
CHAUVIN, LA 70344

Operator ID: 40325
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN MENOUE
1734 FISH HATCHERY ROAD
NATCHITOCHES, LA 71457

Operator ID: 3123
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES L MERRITT
POST OFFICE BOX 295
SIBLEY, LA 71073

Operator ID: 8055

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TIMOTHY T MERRITT
109 WATSON LANE
PATTERSON, LA 70392

Operator ID: 8131
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD W MESSICK
405 CASON ROAD
COUSHATTA, LA 71019

Operator ID: 10273
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LAWRENCE J MESSMER
248 WOODWIND DRIVE
HOUMA, LA 70360

Operator ID: 10799
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JULIUS C METZ
6191 METZ ROAD
ST FRANCISVILLE, LA 70775

Operator ID: 12124
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JUSTIN B METZ
10459 TUNICA TRACE
ST FRANCISVILLE, LA 70775

Operator ID: 17527

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL L METZ
1680 O'NEAL LN #377
BATON ROUGE, LA 70816

Operator ID: 8644
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MATTHEW D MEVIS
502 W SALE RD
LAKE CHARLES, LA 70605

Operator ID: 9194
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KERN M MEYERS
107 KIPLING STREET
YOUNGSVILLE, LA 70592-6191

Operator ID: 12179
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MILTON R MIDKIFF
2696 COOPER CHURCH RD
LEESVILLE, LA 71446-5721

Operator ID: 3136
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANIEL L MIGLIORE
10469 BUDDY GORE RD
GONZALES, LA 70737

Operator ID: 37252
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DUANE MIGUEZ
133 BAYOU ESTATES DRIVE
DES ALLEMANDS, LA 70030

Operator ID: 7319
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL C MILAN
POST OFFICE BOX 207
MOORINGSPORT, LA 71060

Operator ID: 8645
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MATTHEW R MILAZZO
4516 TRAIL DR
ADDIS, LA 70710

Operator ID: 28352
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HOLLIS J MILES
1469 HWY 401
NAPOLEONVILLE, LA 70372

Operator ID: 3139
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STAFFORD MILES
3963 SAN PEDRO ST
LAKE CHARLES, LA 70607

Operator ID: 37012

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TROY A MILES, SR
1209 NORTH SUGAR RIDGE RO
LAPLACE, LA 70068

Operator ID: 5883
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEVEN L MILFORD
389 AUTUMN LAKES ROAD
SLIDELL, LA 70461

Operator ID: 11530

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HAROLD J MILLER
166 PINE LANE
OAKDALE, LA 71463

Operator ID: 10276
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

AARON D MILLER
108 TIMBERLINE LN
PRINCETON, LA 71067

Operator ID: 11605
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEWELL MILLER, JR
39229 OLD SAWMILL RD
PONCHATOULA, LA 70454

Operator ID: 14886
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRYAN A MILLER
1449 HWY 384
LAKE CHARLES, LA 70607

Operator ID: 19088
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

FRANK MILLER
1722 N. CRESTVIEW DR
LAKE CHARLES, LA 70605

Operator ID: 22426

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JASON R MILLER
39401 PINE TREE LN
MT. HERMON, LA 70450

Operator ID: 30028
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEFFERSON D MILLER
1043 REDWOOD DRIVE
DENHAM SPRINGS, LA 70726

Operator ID: 3143
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GLENN R MILLER
253 MAYO AVENUE
HARAHAN, LA 70123

Operator ID: 3146
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANIEL G MILLER
POST OFFICE BOX 737
LOREAUVILLE, LA 70552

Operator ID: 3157
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARK J MILLER
906 EVERGREEN DR
GRETNA, LA 70053

Operator ID: 3161
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GERALD J MILLER
PO BOX 125
CENTERVILLE, LA 70522

Operator ID: 3163
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DOUGLAS MILLER
2215 GENERAL COLLINS AVEN
NEW ORLEANS, LA 70114

Operator ID: 3167
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID O MILLER
P.O. BOX 2592
JENA, LA 71342

Operator ID: 3169
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DENNIS L MILLER
3500HOUSTON RIVER ROAD
WESTLAKE, LA 70669

Operator ID: 33446

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLAYTON A MILLER
P O BOX 439
HACKBERRY, LA 70645

Operator ID: 37856
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SKYLAR J MILLER
313 NEW ORLEANS AVENUE
LAKE ARTHUR, LA 70549-4118

Operator ID: 42680
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RANDY G MILLER
1331 POOL ST
MAMOU, LA 70554

Operator ID: 6525
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CINDERELLA L MILLER
7339 HWY 93
ARNAUDVILLE, LA 70512

Operator ID: 6776
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ARNOLD L MILLER
1107 BOURG STREET A
HOUMA, LA 70360

Operator ID: 6978
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GEORGE A MILLER
8483 HWY 441
AMITE, LA 70422

Operator ID: 7135
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KENNETH S MILLER
3770 MONROE
HWY ST C
PINEVILLE, LA 71360-4170

Operator ID: 8194
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD W MILLER, SR
1315 SOUTHERN OAK DRIVE
SULPHUR, LA 70665

Operator ID: 8646
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TODD J MILLET
378 HESTER DR
LAPLACE, LA 70068

Operator ID: 3173
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DANIEL A MILLET, JR
211 WEST SIXTH STREET
GRAMERCY, LA 70052

Operator ID: 3176

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DINAH S MILLET FOREMAN
214 TRAVEL PATH RD
ROGERSVILLE, AL 35652

Operator ID: 6571
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH R MILLING
8595 DOUG WAX RD
DENHAM SPRINGS, LA 70726

Operator ID: 40742
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LARRY E MILLER, JR
613 ALMOND CIR
MINDEN, LA 71055

Operator ID: 40744

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RANDALL L MILLS
126 SWEET POTATO RD
RAYVILLE, LA 71418

Operator ID: 6202
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KYLE E MILLS
417 HUNT RD
RAGLEY, LA 70657-6103

Operator ID: 8351

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TIMOTHY MINETTE
38182 CLEVELAND ST
SLIDELL, LA 70458

Operator ID: 37861
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHNNIE E MINOR
304 DAVIDSON ST
VIDALIA, LA 71373

Operator ID: 3185
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WAYNE J MINOR
455 ACORN ST
SLIDELL, LA 70458

Operator ID: 3186
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN T MINVIELLE
P129 NORTH MILLET AVE
GRAMERCY, LA 70052

Operator ID: 6522
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH A MIRABIN
7634 WALES STREET
NEW ORLEANS, LA 70126

Operator ID: 6724
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRIAN G MIRANDA
26040 TENTANT ROAD
PLAQUEMINE, LA 70764-6539

Operator ID: 3187
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DALE A MIRE
PO BOX 704
CHARENTON, LA 70523

Operator ID: 25013
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEVE A MITCHELL
100 N ORLEANS DRIVE
LAFAYETTE, LA 70501

Operator ID: 10172
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRUCE L MITCHELL
515 DILLON
MANY, LA 71449

Operator ID: 10641
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEON R MITCHELL, III
28 CHEVALIER RD
FOREST HILL, LA 71430

Operator ID: 25014
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRIAN W MITCHELL
2901 SCHWING ROAD
NEW IBERIA, LA 70560

Operator ID: 5849
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GEORGE MITCHELL
P O BOX 81
ROSEDALE, LA 70772

Operator ID: 7212
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JON M MIXON
PO BOX 1550
AMITE, LA 70422

Operator ID: 24727
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CURTIS D MIXON
P O BOX 1550
AMITE, LA 70422

Operator ID: 3201
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CAMILLE F MIZE
1934 STRICKLAND ROAD
RUSTON, LA 71270

Operator ID: 6839
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH E MIZELL
20520 HWY 40
BUSH, LA 70431

Operator ID: 28086
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BAHRAM MOEINIAN
228 EMERALD CRK W
ABITA SPRINGS, LA 70420-3351

Operator ID: 3207

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00
WATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VIVIAN L MOFFETT
1404 PEARL STREET
HOMER, LA 71040

Operator ID: 3208
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BUKAR MOHAMMED
142 UNIVERSITY DR
NATCHITOCHES, LA 71457

Operator ID: 18406
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JEFFERY G MOLBERT
2201 OLD SPANISH TRAIL
WESTLAKE, LA 70669

Operator ID: 9406

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NICHOLAS E MOLIÈRE
6 BRANDON HALL
DESTREHAN, LA 70047

Operator ID: 38353
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOEL MOLINA
3316 DAUPHINE ST
NEW ORLEANS, LA 70117

Operator ID: 35390
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICKEY J MOLLERE
PO BOX 575
NAPOLEONVILLE, LA 70390

Operator ID: 3214
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RONALD J MOLLY
144 CATHY DR
DERIDER, LA 70634

Operator ID: 40263

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PURVIS J MONCEAUX
302 N MONCEAUX
KAPLAN, LA 70548

Operator ID: 3218

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES MONCEAUX
904 HEBERT AVE.
KAPLAN, LA 70548

Operator ID: 5020
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLARENCE J MONET, JR
1004 LENNON ST
SLIDELL, LA 70461

Operator ID: 8265
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DOUGLAS S MONITOR
1530 EASTWOOD DR
SLIDELL, LA 70459

Operator ID: 3223
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JENNIFER S MONTALBANO
6188 IOTA HWY
IOTA, LA 70543

Operator ID: 24047

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICKIE G MONTELARO
PO BOX 8
FORDACHE, LA 70732

Operator ID: 3228
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SHONNIE A MONTGOMERY
520 SPRINGHILL LOOP
POLLOCK, LA 71405

Operator ID: 13210
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARCOS A MONTI
200 HERITAGE DR
BOSSIER CITY, LA 71112

Operator ID: 14788
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GWIN M MONTOU
2415 HWY 93
CARENCRO, LA 70520

Operator ID: 5190
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

FORREST C MOONEY
POST OFFICE BOX 872
ST FRANCISVILLE, LA 70775

Operator ID: 8101
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHEAL W MOORE
9585 GREAT SMOKEY AVENUE
BATON ROUGE, LA 70814

Operator ID: 10900

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID L MOORE
800 S WALNUT STREET
TALLULAH, LA 71282

Operator ID: 11966
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GARY S MOORE
116 EASTWOOD DRIVE
HAUGHTON, LA 71037

Operator ID: 3238
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SHARON L MOORE
14825 HWY 84 E
LOGANSPOUT, LA 71049

Operator ID: 35766
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRIAN K MOORE
262 PERRITT ROAD
ARCADIA, LA 71001

Operator ID: 36307
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEFFREY K MOORE
182 JOHNNY BENOIT RD
HACBERRY, LA 70645

Operator ID: 37858
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DEMETRIS L MOORE
29 MERRYDALE DR
MONROE, LA 71202

Operator ID: 39531

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRIAN S MOORE
PO BOX 5337
BOSSIER CITY, LA 71171-5337

Operator ID: 5667
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DERRICK A MOORE
4168 LAC ST. PIERRE DR
HARVEY, LA 70058

Operator ID: 6725
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LARRY E MOORE, JR
517 SCHLESSINGER ST
ABBEVILLE, LA 70510

Operator ID: 7376
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES A MOORING
619 GAYNELL DRIVE
HOUMA, LA 70364

Operator ID: 10901
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES C MOORMAN
70618 PROVOST LANE
PEARL RIVER, LA 70452

Operator ID: 3247
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARK L MORACE
407 ASH ST
VIDALIA, LA 71373

Operator ID: 3249
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JASON P MOREAU
37313 HWY 74 LOT120
GEISMAR, LA 70734

Operator ID: 32686
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BARRY K MOREHEAD
6305 MOSSWOOD
MONROE, LA 71203

Operator ID: 11373
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRIAN J MORESI
POST OFFICE BOX 181
BROUSSARD, LA 70518

Operator ID: 6527
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PHILLIP M MORGAN
239 EVANS RD
COUSHATTA, LA 71319

Operator ID: 3264
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT J MORGAN, JR
PO BOX 781
BELLE CHASE, LA 70037

Operator ID: 45452
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LEON MORGAN
74 WEST CHALMETTE CIRCLE
CHALMETTE, LA 70043-4327

Operator ID: 5708

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WATER DISTRIBUTION 4

20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARK S MORGAN
1476 HICKORY RIDGE DR
LAKE CHARLES, LA 70611

Operator ID: 9419
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN A MORICI
604 OAK ST
ST ROSE, LA 70087

Operator ID: 3268
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALLAN W MORRIS
14395 BRENTWOOD CT
GONZALES, LA 70737

Operator ID: 15787
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD J MORRIS
3970 GERSTNER MEMORIAL BL
LOT # 64
LAKE CHARLES, LA 70767-3893

Operator ID: 21406
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

NATHAN E MORRIS
6055 DOGWOOD HILLS EXT
BASTROP, LA 71220

Operator ID: 24546

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT A MORRIS
331 W. MAPLE AVE.
EUNICE, LA 70535

Operator ID: 29088
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH E MORRIS
2324 DOLPHIN DR
LAKE CHARLES, LA 70605

Operator ID: 40445
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES E MORRISON
PO BOX 515
MERRYVILLE, LA 70653

Operator ID: 41026
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ARNOLD MORTON
304 WEST LAFAYETTE ST
ABBEVILLE, LA 70510

Operator ID: 3281
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEPHAN L MORTON
7776 LONGBOW LN
SHREVEPORT, LA 71107

Operator ID: 39923
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEPHEN W MORVANT
GRAPHIC PACKAGE/E. SMITH
P.O. BOX 35800
WEST MONROE, LA 71294

Operator ID: 20846
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALLEN J MOSE
POST OFFICE BOX 183
EVERGREEN, LA 71333

Operator ID: 10285
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EVELYN D MOSE
POST OFFICE BOX 47
KINDER, LA 70648

Operator ID: 11174
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HURLEY MOSE, JR
2726 PERRON RD
VILLE PLATTE, LA 70586

Operator ID: 3284
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILSON U MOSES
3965 HWY 29 EAST
COTTONPORT, LA 71327-3812

Operator ID: 5139
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CECIL MOSS
127 HWY 146
RUSTON, LA 71270

Operator ID: 37050
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FRANK D MOTT
24205 JASE STREET
PLAQUEMINE, LA 70764

Operator ID: 7217
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARK G MOUCH
59655 HWY 1148 LOT 131
PLAQUEMINE, LA 70764

Operator ID: 2942
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID H MOUGEOT
13515 VENTRESS RD
VENTRESS, LA 70783

Operator ID: 7218
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RUSSELL P MOULARD
609 MARVIN GRAHAM LN
MARKSVILLE, LA 71351

Operator ID: 27326

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM R MOULTON
10952 PROVIDENCE RD
SHREVEPORT, LA 71129

Operator ID: 5334
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PATRICK MOUNTS
34731 GRAVESBRIAR DRIVE
DENHAM SPRINGS, LA 70706

Operator ID: 3290
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ERIC D MOUTON
1019 KALISTE SALOOM RD
#215
LAFAYETTE, LA 70508

Operator ID: 10663
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RANDALL J MOUTON
404 RAILROAD
CARENCRO, LA 70520

Operator ID: 26791
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TRACY N MOUTON
113 NORMAN DRIVE
LAFAYETTE, LA 70501

Operator ID: 8354
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GERARD P MOUTON
16037 PAINT AVENUE
GREENWELL SPRINGS, LA 70739

Operator ID: 9719
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LOUIS C MOWERS
59 WEST CAROLINE
CHALMETTE, LA 70043

Operator ID: 3293

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONNIE W MUDD
5912 CANADA CT
SHREVEPORT, LA 71107

Operator ID: 26469
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT C MUFFOLETTO
P O BOX 444
LYDIA, LA 70569

Operator ID: 27486
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

EDWIN R MULHEARN
8963 HAWTHORNE DRIVE
SHREVEPORT, LA 71118

Operator ID: 3297

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KIRBI L MULMORE
22885 AIDAN RD
PLAQUEMINE, LA 70764

Operator ID: 12034
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TOMMY MUMFORD
901 N ALICE ST
LAKE CHARLES, LA 70615

Operator ID: 36670
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES M MUNLEY, JR
6510 BRYCE CANYON DR S
GREENWELL SPRINGS, LA 70739

Operator ID: 19087
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID R MURPHREE
383 SOCIAL SPRINGS RD
RINGGOLD, LA 71068

Operator ID: 41842
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CLIFORD E MURPHY
1141 HWY 547
GRAYSON, LA 71435

Operator ID: 6276
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JONATHAN MURPHY
917 E AST VENABLE ST
CHURCH POINT, LA 70525

Operator ID: 8060
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DONALD W MURRAY
2740 ELIZABETH STREET
MARRERO, LA 70072

Operator ID: 3308
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

YVONNE M MURRAY
3148 DUNCAN ST
SLIDELL, LA 70458

Operator ID: 40062
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES R MURRAY, III
6312 BORDER LANE
SHREVEPORT, LA 71119

Operator ID: 6843
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES E MURRY
62522 UNEEDUS TRACE ROAD
AMITE, LA 70422

Operator ID: 28336
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHNNY D MUSGROVE
9819 TOLEDO RD
MER ROUGE, LA 71261

Operator ID: 11606
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JORDAN G MUSSO
PO BOX 82213
LAFAYETTE, LA 70598

Operator ID: 23907
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT L MYERS
2808 W PINHOOK # 11
LAFAYETTE, LA 70508

Operator ID: 10505
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JERRY J MYERS
811 DITCH AVENUE
MORGAN CITY, LA 70380

Operator ID: 11078
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DONALD N MYERS
1507 S MAIN STREET
SPRINGHILL, LA 71075

Operator ID: 3317
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GENE D MYERS
44470 MYERS ROAD
HAMMOND, LA 70403

Operator ID: 3319
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRIAN K MYERS
1124 HILMA STREET
WESTLAKE, LA 70669

Operator ID: 5684
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LOUISE B MYLES
144 LUM LANE
JENA, LA 71342

Operator ID: 25846
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID G MYLES
144 LUM LANE
JENA, LA 71342

Operator ID: 7153
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GARY NAGEL
P O BOX404
GRETNA, LA 70053

Operator ID: 3323
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHARLES N NAQUIN
13368 DAVID LEE DRIVE
WALKER, LA 70785-5045

Operator ID: 10902

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 3

20.00

WASTEWATER TREATMENT 2

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FRANK R NAQUIN
1434 TIGER DR
THIBODAUX, LA 70301

Operator ID: 25847
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FARON NAQUIN
200 ELVIRA DRIVE
RACELAND, LA 70394

Operator ID: 3327
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TOBY M NAQUIN
212 CIERA DRIVE
HOUMA, LA 70364

Operator ID: 7486
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEVE NAQUIN
118 BRENTWOOD DR
BELLE CHASE, LA 70037

Operator ID: 8391
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH J NARCISSE
720 HOLLIER ROAD
DUSON, LA 70529

Operator ID: 8504
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DONALD J NASH
POST OFFICE BOX 82
VACHERIE, LA 70090

Operator ID: 3331

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 4

20.00

WATER PRODUCTION 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WALLACE L NEAL
PO BOX 86
WAKEFIELD, LA 70784

Operator ID: 3336
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NATHAN P NEAL
9258 MONACO CT
HOUMA, LA 70363

Operator ID: 7636
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ERIC J NEASON
7600 WAVE DRIVE
NEW ORLEANS, LA 70128

Operator ID: 6094

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER TREATMENT 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES A NEELY
2016 SANDRA AVENUE
METAIRIE, LA 70003

Operator ID: 36449
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOHN A NEILSON
POST OFFICE BOX 853
MANSFIELD, LA 71052

Operator ID: 11521

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DOIL A NELSON, JR
416 BONNER FERR
BASTROP, LA 71220

Operator ID: 3349
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KIANA J NELSON
4925 LAINE AVE
NEW ORLEANS, LA 70126

Operator ID: 38250
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TIMOTHY P NERO
111 FOUR T'S LANE
SCOTT, LA 70583

Operator ID: 25016
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHRISTOPHER S NERO
1066 JIM SELLS RD
BREAUX BRIDGE, LA 70517

Operator ID: 40465

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CRIS A NETTLES
217 MELODY LANE
ATTENTION MICHAEL ISENER
SLIDELL, LA 70458

Operator ID: 11717
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BERNARD NEVILLS
186 NEVILLS ROAD
WASHINGTON, LA 70589

Operator ID: 10072
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID E NEVILLS, SR
152 NEVILLS ROAD
WASHINGTON, LA 70589

Operator ID: 11079
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PAUL J NEW
207 DEBORAH
STERLINGTON, LA 71280

Operator ID: 3354
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HUEY D NEWCOMB, JR
31133 FRANK KENNEDY ROAD
ANGIE, LA 70426

Operator ID: 11473
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GARRETT L NEWELL
17520 A TANGI LAKES DR
HAMMOND, LA 70403

Operator ID: 41464

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

WASTEWATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RENEE R NEWMAN
3789 HIGHWAY 505
JONESBORO, LA 71251

Operator ID: 11080
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN W NEWMAN, III
3789 HIGHWAY 505
JONESBORO, LA 71251-5883

Operator ID: 41142
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CRAIG L NEWTON
440 LEE BOUTWELL ROAD
WINNSBORO, LA 71295

Operator ID: 3359

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRAD A NEZAT
16475 MAJESTIC OAK
PRAIRIEVILLE, LA 70769

Operator ID: 12988
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MYRON R NICHOLAS, SR
3032 SHERWOOD DR
LAPLACE, LA 70068

Operator ID: 38591
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSEPH H NICHOLS
3205 OLD BLANCHARD RD
SHREVEPORT, LA 71103

Operator ID: 3367
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOHN D NICHOLS
POST OFFICE BOX 35888
WEST MONROE, LA 71294

Operator ID: 3370

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

THOMAS W NICHOLSON
253 GLENDA STREET
RAYVILLE, LA 71269

Operator ID: 3372
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TRAVIS L NIDA
34 BETHEL RD
DEVILLE, LA 71328

Operator ID: 10292
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SANDY C NIKOLAUS
POST OFFICE BOX 246
MERAUX, LA 70075

Operator ID: 6063
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JUDE A NIMER
1222 DANIEL ALLEY
OPELOUSAS, LA 70570

Operator ID: 32689
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SAMUEL E NIXON
2530 SHADOWBROOK DR
BATON ROUGE, LA 70816

Operator ID: 36518
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FRANK J NOCILLA, III
1040 MICHELLE DR
SULPHUR, LA 70663

Operator ID: 3379
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANDREW S NOCUM
105 LAMB DR
JENNINGS, LA 70546

Operator ID: 38950
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SEAN P NOLAN
P O BOX 4489
BATON ROUGE, LA 70821-4489

Operator ID: 10381
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHAD G NOLAN
521 WEST HALL AVE
SLIDELL, LA 70460

Operator ID: 42625

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DON E NOLEN
43160 HENDERSON LANE
PRAIRIEVILLE, LA 70769

Operator ID: 28330
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARSHALL W NOLEN
617 RICH ST
LAKE CHARLES, LA 70601

Operator ID: 40523
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRANDON J NORFLEET
404 MILLING ST
LULING, LA 70070

Operator ID: 39611
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILSON J NORRIS, JR
P O BOX 566
CENTERVILLE, LA 70522-0566

Operator ID: 11274
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRENT T NORRIS
3429 HWY 151
DUBACH, LA 71235

Operator ID: 17646

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID C NORTH
8904 FULTON ST
METAIRIE, LA 70003

Operator ID: 5604
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ZACHARY NORTH
1325 LINCOLN AVENUE
MARRERO, LA 70072

Operator ID: 6726
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MATTHEW B NUGENT
P O BOX 575
URANIA, LA 71480

Operator ID: 11275
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL E NUGENT
59 JOE ROSIER
DEVILLE, LA 71328

Operator ID: 12787
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL T NUMBERS
306 WHIPPOORWILL DR.
DERIDDER, LA 70634

Operator ID: 7223

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HILLARY J NUNEZ
POST OFFICE BOX 62
VIOLET, LA 70092

Operator ID: 10301
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JACOB E NUNEZ
137 BETTY MURLESLN
BELL CITY, LA 70630

Operator ID: 22126
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT C OALMANN
1925 JOSEPH DRIVE
ST BERNARD, LA 70085

Operator ID: 5654
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES M OBRIEN
5218 CHERRYWOOD DRIVE
BATON ROUGE, LA 70809

Operator ID: 7776
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID K OBRYANT
3490 REDWOOD LN
PAULINA, LA 70763

Operator ID: 11277
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LAWRENCE J ODOM
13841 FELICITY DR
BATON ROUGE, LA 70714

Operator ID: 19686
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRONNIE L ODOM
2610 HWY 8
POLLOCK, LA 71467

Operator ID: 3404
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RODRICK W ODOM
POST OFFICE BOX 629
PLAQUEMINE, LA 70765

Operator ID: 6938

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CARL R OEHLER
154 CARRETT LOOP
WINNFIELD, LA 71483

Operator ID: 5384
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PATRICK S OHARA
481 O HARA RD
LEESVILLE, LA 71446

Operator ID: 6191
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANDRE' J OLIVER
1651 W MAGNOLIA
EUNICE, LA 70535

Operator ID: 37987
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STANLEY J OLIVIER
3106 OLIVIER RD
JEANERETTE, LA 70544

Operator ID: 3410
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GREG M OLIVIER
137 CLARA DUPUY RD
GRAY, LA 70359

Operator ID: 39864
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHARLES R OLIVIER
5995 WEST CREOLE HWY
CAMERON, LA 70631

Operator ID: 5503
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THOMAS J OLSEN
9847 ISLANDROAD
ST FRANCISVILLE, LA 70775

Operator ID: 11719
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARLON J ONEIL
202 ARPENT ST
CARENCRO, LA 70520

Operator ID: 7891
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JIMMY L ONG
61 DAVIDSON DRIVE
BOSSIER CITY, LA 71112

Operator ID: 10988
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

THANH P ONG
10865 NORRIS FERRY ROAD
SHREVEPORT, LA 71106

Operator ID: 25406

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID E OPDENHOFF
336 NORTH 6TH ST
PONCHATOULA, LA 70454

Operator ID: 3415
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MELISSA S ORDOYNE
432 HICKORY AVENUE
HARAHAN, LA 70123

Operator ID: 11532
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EDWIN A ORDOYNE
5451 HWY 308
LOCKPORT, LA 70374

Operator ID: 17886
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID J ORGERON
401 AVE C
MARRERO, LA 70072

Operator ID: 5579
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SCOTT J ORILLION
468 E REDBUD DR
SLIDELL, LA 70458

Operator ID: 28646
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHAD J ORILLION
434 CENTERVILLE ST - NE
DENHAM SPRINGS, LA 70726

Operator ID: 41342
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GEORGE ORR
754 SPRINGHILL LOOP
POLLOCK, LA 71467

Operator ID: 6532
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROGER L ORTEGO
POST OFFICE BOX 232
CENTERVILLE, LA 70522

Operator ID: 8355
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT S ORTEGO
POST OFFICE BOX 453
KROTZ SPRINGS, LA 70750

Operator ID: 9989
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN M OSBORN
2434 HWY 606
ST JOSEPH, LA 71366

Operator ID: 11721
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID A OUBER
41462 CC RD
PONCHATOULA, LA 70454

Operator ID: 42163
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NATHAN J OUBRE
100 MORVANT DRIVE
THIBODAUX, LA 70301

Operator ID: 11149
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GEORGE T OUBRE, JR
29350 HWY 20 W
VACHERIE, LA 70090

Operator ID: 3422

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 2

20.00

WASTEWATER TREATMENT 2

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JESSIE J OUBRE, III
108 BORNE CT
EDGARD, LA 70049

Operator ID: 9519

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DEREK J OVERLAND
10341 LA 1064
TICKFAW, LA 70466

Operator ID: 3427
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GREGORY B OWENS
PO BOX 1272
WEST MONROE, LA 71294

Operator ID: 3432
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SCOTT OWENS
605 OMEGA DRIVE
LAFAYETTE, LA 70506

Operator ID: 3433
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

THOMAS L OWENS, SR
POST OFFICE BOX 1272
WEST MONROE, LA 71292

Operator ID: 3434
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 1	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD W OWENS
199 BOYETT SUB ST
SAREPTA, LA 71071

Operator ID: 39051
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LUCAS LOWENS
114 FORT ST
MINDEN, LA 71055

Operator ID: 39332
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RODNEY D OWENS
PO BOX 251
SLAGLE, LA 71475

Operator ID: 8062

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

WATER PRODUCTION 2

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TIMOTHY P OXLEY
32880 FOX RUN DRIVE
WALKER, LA 70785

Operator ID: 8820
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALLEN D PACE
135 WOODY RD
FARMERVILLE, LA 71241

Operator ID: 36309
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANIEL L PACE
57267 PACE STREET
SLIDELL, LA 70461

Operator ID: 7379
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CALVIN J PAGE
2812 MILL STREET
ALEXANDRIA, LA 71307

Operator ID: 11722

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ERIC B PAGE
411 NORTHWEST STREET
FARMERVILLE, LA 71241

Operator ID: 6589

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSEPH L PAIGE, JR
39107 TYLER BALLARD ROAD
WALKER, LA 70785

Operator ID: 7739

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HAROLD C PAJEAUD
7591 ANNE MARIE COURT
NEW ORLEANS, LA 70128

Operator ID: 42774
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GASPER L PALERMO
52211 TAYLOR DR
LORANGER, LA 70446-2259

Operator ID: 3444
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GARY J PALINE
POST OFFICE BOX 410
WATSON, LA 70786

Operator ID: 3445

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 4

20.00

WATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BILLY D PALMISANO, SR
3638 MEADOWDALE DR
SLIDELL, LA 70458

Operator ID: 10291
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GLENN G PAPILLION
1228 CYPRESS HARBOR DRIVE
LAKE CHARLES, LA 70605

Operator ID: 11869
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TRAVIS P PARKER
41483 HWY 42
PRAIRIEVILLE, LA 70769

Operator ID: 11280
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEWART L PARKER
316 DEHLCO ROAD
RAYVILLE, LA 71269

Operator ID: 32087

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALVIN PARKER
3701 ALFRED
NEW ORLEANS, LA 70122

Operator ID: 7711
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LONNIE PARKER
4750 KENT ROAD
SHREVEPORT, LA 71107

Operator ID: 8976
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TERRY A PARKS
1804 ACADIAN DR
HOUMA, LA 70363

Operator ID: 5459
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LANDON D PARR
16309 EAST BREWSTER RD
APT K 175
COVINGTON, LA 70433

Operator ID: 12115
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANTHONY N PARRINO
1016 HUDSON CREEK RD
DRY PRONG, LA 71423

Operator ID: 37460
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ELIE J PART
407 NORTH CAROLINA STREET
NEW ROADS, LA 70760

Operator ID: 3468
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHNNY R PASCALIN
37107 OAK HAVEN DR
DENHAM SPRING, LA 70706

Operator ID: 19086
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT PASCHAL, JR
234 LARIS DRIVE
RACELAND, LA 70394

Operator ID: 3470
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ALAN L PASSMAN
3849 MARKET STREET
JACKSON, LA 70748

Operator ID: 7136

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KIM D PATIN
P O BOX 273
ROSEDALE, LA 70772

Operator ID: 25947
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KIRK J PATRICK
2113 PAINTERS ST.
NEW ORLEANS, LA 70117

Operator ID: 3472
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ALBERT E PATTEN
P O BOX 133
SICILY ISLAND, LA 71368

Operator ID: 3474
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BENJAMIN J PATTILLO
2940 LE OAKS DR
APT 1313
BOSSIER CITY, LA 71111

Operator ID: 37389

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TONY J PAUL
3456 4TH ST
BERWICK, LA 70342

Operator ID: 38651
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JACK PAUL
11211 HWY112
PITKIN, LA 70656

Operator ID: 41482
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENDALL PAUL
11418 CATALINA AVE
BATON ROUGE, LA 70814

Operator ID: 7740
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DARRYL E PAULETTE
23015 ELDER STREET
MANDEVILLE, LA 70471

Operator ID: 9725
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FREDDY W PAYNE
3545 HWY. 882
LAKE PROVIDENCE, LA 71254

Operator ID: 35326
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT T PEACE
801 ACKLEN STREET
SHREVEPORT, LA 71104

Operator ID: 5577

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL J PEARCE
4407 OAKLAWN ST
LAKE CHARLES, LA 70605

Operator ID: 36649
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ADAM L PEARSON
5932 N. MARKET
SHREVEPORT, LA 71107

Operator ID: 17246
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT L PEDEAUX
147 PEBBLE BEACH DRIVE
SLIDELL, LA 70458

Operator ID: 10776
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NORMAN J PELITIRE
72328 FOREST DRIVE
COVINGTON, LA 70433

Operator ID: 3493
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DARREL J PELTIER
1267 HWY 20
THIBODAUX, LA 70301

Operator ID: 13086
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GARY A PENDER
2756 APRIL STREET
ZACHARY, LA 70791

Operator ID: 3500
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

EDWARD J PENNARTZ
5424 W TAMELA
LAKE CHARLES, LA 70605

Operator ID: 10699
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

HARRIS J PENNISON, JR
44 WILLOW DR
GRETNA, LA 70053

Operator ID: 39794

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEITH A PEPER
1010 STYLES RANCH RD
CHOUDRANT, LA 71227

Operator ID: 17666
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRADY PEPITONE
3984 QUARTER HORSE LN
ADDIS, LA 70710

Operator ID: 5780
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PERRY J PERCK
17520 JOE SEVERAIO ROAD
PRAIRIEVILLE, LA 70769

Operator ID: 3519
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES E PERCLE
2010 FAIRVIEW DRIVE
PORT ALLEN, LA 70765

Operator ID: 6936
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RAY PERCLE
121 GREENWOOD PLANTATION
THIBODAUX, LA 70301

Operator ID: 9291
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CARROLL E PERCY
43472 STEVENS ROAD
GONZALES, LA 70737

Operator ID: 9583
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JESSE G PERKINS
2900 BENEFIT STREET
NEW ORLEANS, LA 70126

Operator ID: 3511
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEMUEL J PERKINS, JR
1350 GRAMMONT ST
MONROE, LA 71201

Operator ID: 37657
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL R PERKINS
1125 MAUL RD
DERIDDER, LA 70634

Operator ID: 40663
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEROY PERKINS
22658 HWY 964
ZACHARY, LA 70791

Operator ID: 9976
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KATHLEEN A PERMENTER
505 TRAVIS ST
SHREVEPORT, LA 71101

Operator ID: 38810
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID J PERNICIARO
3012 PLAZA DR
CHALMETTE, LA 70043-3538

Operator ID: 3513
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARK A PEROT
109 AMBER
LAFAYETTE, LA 70507

Operator ID: 6670
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALICE C PERRET
POST OFFICE BOX 11623
NEW IBERIA, LA 70562-1623

Operator ID: 7137
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALVIN J PERRIN
655 VIC ST
WESTWEGO, LA 70094

Operator ID: 3518
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FREDRICK J PERRODIN
2800 GUY ST
LAKE CHARLES, LA 70601

Operator ID: 37267
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DUSTIN L PERRON
247 BOY RD
OPELOUSAS, LA 70570

Operator ID: 37464
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BOBBY R PERRY
1407 LIVE OAK STREET
POST OFFICE BOX 9
MERMENTAU, LA 70556

Operator ID: 12807
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JERRICK L PERRY
406 DUFOUR ST
MOREAUVILLE, LA 71355

Operator ID: 25949
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CECIL C PERRY, SR
P O BOX 594
TIOGA, LA 71477

Operator ID: 37155

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NADINE L PERRY
309 DUCLOS STREET
LAFAYETTE, LA 70506-2525

Operator ID: 5779

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DREW T PERTUIT
18224 ROBERT DENHAM RD
PRAIRIEVILLE, LA 70769

Operator ID: 13766
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DOUGLAS J PERTUIT, JR
15 GARDERE COURT
HARVEY, LA 70058

Operator ID: 3523
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES S PETERS
103 CANDY OUEEN LN
WEST MONROE, LA 71292

Operator ID: 37612
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

HANS E PETERSEN
POST OFFICE BOX 31
CAMERON, LA 70631

Operator ID: 7543

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GERARD J PETERSON
623 JEFFERSON AVENUE
NEW ORLEANS, LA 70115

Operator ID: 3527
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GARY A PETTY
15519 JOOR ROAD
ZACHARY, LA 70791

Operator ID: 8854

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 4

20.00

WATER PRODUCTION 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RENE S PEYTRAL
20301 GARLAND ST
COVINGTON, LA 70435

Operator ID: 5440
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONNY L PFEIFER, JR
3671 OLDMARDSVILLE HWY
PINEVILLE, LA 71360

Operator ID: 3532
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JENNIFER PHAM
204 BON MANGE CIRCLE
LAFAYETTE, LA 70506

Operator ID: 7045

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GARY D PHILLIPS
1344 CHAUNSEY PITRE ROAD
VILLE PLATTE, LA 70586

Operator ID: 10642
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TROY I PHILLIPS, SR
126 SEWER PLANT ROAD
BELLE CHASSE, LA 70037

Operator ID: 3544

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BYRON E PHOENIX
P O BOX 124
HAHNVILLE, LA 70057

Operator ID: 33226
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LUKE J PICHON
28878 BERRY TODD ROAD
LACOMBE, LA 70445

Operator ID: 3548
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MONIQUE A PICHON
7548 DEARBORN RD
NEW ORLEANS, LA 70127

Operator ID: 41414
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TERI L PICKENS
P O BOX 205
NEWELLTON, LA 71357

Operator ID: 22406

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HAYES P PICOU, III
4735 GRAND CHENIER HWY
GRAND CHENIER, LA 70643

Operator ID: 37647
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DANIEL M PIEPER
41008 RUE CHENE
PONCHATOULA, LA 70454

Operator ID: 27406

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERTA J PIERCE
3833 STONEYBROOK
ZACHARY, LA 70791

Operator ID: 24908
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MAURICE PIERCE
192 MURLINE ST
GRAMBLING, LA 71245

Operator ID: 3555
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SAMUEL D PIERCE
7998 HWY 80
RUSTON, LA 71270

Operator ID: 7880
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LAWRENCE PIERCE, III
23460 RICH STREET
PLAQUEMINE, LA 70764

Operator ID: 9125
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL R PIERITE
634 NORTH LEE
MARKSVILLE, LA 71351

Operator ID: 3559
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JASON C PIERRE
PO BOX 5337
BOSSIER CITY, LA 71171

Operator ID: 12235
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL S PIERSON
210 DIPLOMAT WAY
THIBODAUX, LA 70301

Operator ID: 3562
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID G PIGOTT
48397 LAWRENCE GREEK ROAD
FRANKLINTON, LA 70438

Operator ID: 30327
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ALLEN J PILLARO
POST OFFICE BOX 397
CENTERVILLE, LA 70522

Operator ID: 5401

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DERRICK S PINKNEY
3647 TIMBER BLUFF
NEW ORLEANS, LA 70131

Operator ID: 11408
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PAUL G PINSON, SR
940 GARDEN DRIVE
WESTLAKE, LA 70669

Operator ID: 8821
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LONNIE P PITRE
185 RUE DE LEVERT
RACELAND, LA 70394

Operator ID: 14849
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CURT D PITRE
1801 S. SUGAR RIDGE ROAD
LAPLACE, LA 70068

Operator ID: 3570
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRISTINE E PITRE
9363 HWY 105
MELVILLE, LA 71353

Operator ID: 8064
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FLOYD J PIXLEY
986 EAST SIBLEY RD
CHOUDRANT, LA 71227

Operator ID: 6109
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CLAUDE E PIZANI
209 SUNSET ST
MORGAN CITY, LA 70380

Operator ID: 19506

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 3

20.00

WATER DISTRIBUTION 3

20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GEORGE A PLACHER
P.O. BOX 324
MILTON, LA 70558

Operator ID: 11475
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DARREN J PLAISANCE
3442 STELLA RD
PAULINA, LA 70763

Operator ID: 34847
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SYLVESTER M PLATT
8965 DELTA RACE RD
NEW ROADS, LA 70760

Operator ID: 10300
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KATHRYN W PLUNKETT
173 PLUNKETT ROAD
JONESBORO, LA 71251

Operator ID: 11544

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MIKE P POISSO
POST OFFICE BOX 93
DRY PRONG, LA 71423

Operator ID: 11193

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH R POISSO
PO BOX 331
DRY PRONG, LA 71423

Operator ID: 11910
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DUSTIN T POLE
12286 JOHNNY BENOIT ROAD
WELSH, LA 70591

Operator ID: 37780
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WAYNE H POLKEY
13444 MARGARET ST
VACHERIE, LA 70090

Operator ID: 38550
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JASON A POLLOCK
439 MONSANTO AVE
LULING, LA 70070

Operator ID: 8126
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSHUA D POMIER
1015 SOUTH FIELDSPAN
DUSON, LA 70529

Operator ID: 32086
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PAULA K POOLE
4015 SAN PEDRO ST
LAKE CHARLES, LA 70605

Operator ID: 10706

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER PRODUCTION 1	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARK S POOLE
199 GLYNN DAY ROAD
WINNSBORO, LA 71295

Operator ID: 29610

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BARBARA L POOLE
165 SENECA TRAIL
WINNFIELD, LA 71483

Operator ID: 30968
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BILLY POOLE
1923 HWY. 133
COLUMBIA, LA 71418

Operator ID: 3600
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 3	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RONALD P POPE
PO BOX 1544
LIVINGSTON, LA 70754

Operator ID: 30649
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARK A POPE
102 BON MANGE CIRCLE
LAFAYETTE, LA 70506

Operator ID: 8655
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONNIE R PORCHE
P O BOX 538
BOURG, LA 70343

Operator ID: 10903
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MITCHELL PORCHE
424 NASSAU DR
BATON ROUGE, LA 70815

Operator ID: 13146

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES E PORTER
7900 BREVARD AVENUE
NEW ORLEANS, LA 70127

Operator ID: 10811
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRISTIAN T POSS
287 FRANK SATTER FIELD RD
PERRY, GA 31069

Operator ID: 26253
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIAM P POWER
224 SECTION LINE ROAD
LEESVILLE, LA 71446

Operator ID: 34766
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIE E POWERS
2067 W PINE ST
VILLE PLATTE, LA 70586

Operator ID: 40862
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEVEN D PRACHT
2919 RISINGER DRIVE
SHREVEPORT, LA 71119

Operator ID: 11907
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WENDELL T PRATER
38160 SPRINGWOOD AVE
PRAIRIEVILLE, LA 70769

Operator ID: 39650
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EMILE E PRATTINI
2209 MARIETTA ST
VIOLET, LA 70092

Operator ID: 6346
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRANDON PREJEAN
1101 BURMASTER ST
GRETNA, LA 70053

Operator ID: 37788
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAINAE M PREJEAN
212 LINDEN LEWIS RD
YOUNGVILLE, LA 70592

Operator ID: 8656
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MELVIN E PRESLEY
6049 CHERRY HILL AVE
SHREVEPORT, LA 71107

Operator ID: 8065

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM A PRESTON
175 NORTH LAKE DR
CONVERSE, LA 71419

Operator ID: 5492
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LAURET B PRICE
4743 LYNHUBER DR
NEW ORLEANS, LA 70126

Operator ID: 11409
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOCTOVRIA R PRICE
161 CURRY CREEK DRIVE
CALHOUN, LA 71225

Operator ID: 11969
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KURT PRICE
104 CRESTWOOD
GROSSET, AR 71635

Operator ID: 36310
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RODNEY C PRICE
36 RILEY DEVILLE RD
DEVILLE, LA 71328

Operator ID: 3633
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RODNEY L PRICE
253 DONNIE PRICE ROAD
DEVILLE, LA 71328

Operator ID: 5902
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH C PROTHRO
3175 MARCO RD
LENA, LA 71447

Operator ID: 27327
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHNNIE D PROVOST, JR
915 TECHE ROAD
MORGAN CITY, LA 70380

Operator ID: 10955
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 3	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TIMOTHY P PRUDHOMME
516 CEDAR ST
LAPLACE, LA 70068

Operator ID: 30587
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

COMPTON T PUGH
4215 OWL STREET
MONROE, LA 71203

Operator ID: 11942
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KENNETH PURVIS
27944 PURVIS RD
INDEPENDENCE, LA 70443

Operator ID: 3660

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ELTON R PYLANT
264 ROAD CAMP RD
RUSTON, LA 71270

Operator ID: 25950

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

EUGENE QUEBEDEAUX
7314 HWY 93 LOT A
ARNAUDVILLE, LA 70512

Operator ID: 3663

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILSON QUINANTE
23971 JACKSON ST
PLAQUEMINE, LA 70764

Operator ID: 38552
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES R QUINN
7401 ESLER FIELD RD
LOT 16
PINEVILLE, LA 71360

Operator ID: 10305
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRIAN K RADFORD
356 RANCLAND DRIVE
GRAND CANE, LA 71032

Operator ID: 3674

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 3

20.00

WATER DISTRIBUTION 2

20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHNNY R RAIA, JR
327 ALICE STREET
AMA, LA 70031

Operator ID: 3678
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GLENN A RAINEY, III
260 DILLON STREET
MANY, LA 71449-2504

Operator ID: 37187
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ZACHARY R RALEY
205 CHERRY BLOSSOM LN
BENTON, LA 71006-4258

Operator ID: 24586
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KRISTOPHER J RALLINSON
5805 DOGWOOD HILLS EXT
BASTROP, LA 71220

Operator ID: 7881
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARK RAMAGOS
PO BOX 66
MORGANZA, LA 70759

Operator ID: 3681
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANTHONY RAMOS
39276 TOMMY MOORE
GONZALES, LA 70737

Operator ID: 13107
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHARLES J RAMOUR
1521 3RD STREET
LAKE ARTHUR, LA 70549

Operator ID: 3683
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

J. "LEROY" M RAMSEY
302 MCGEE RD
WEST MONROE, LA 71291

Operator ID: 7435
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LESTER RANDLE
POST OFFICE BOX 7565
ALEXANDRIA, LA 71306

Operator ID: 7030
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ELDRIDGE RANDOLPH
4500 VIOLA ST
NEW ORLEANS, LA 70126

Operator ID: 3684

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEROME RANDOLPH
3433 ELM DR
BATON ROUGE, LA 70805

Operator ID: 40063
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DEREK M RANDOLPH
6233 EADS STREET
NEW ORLEANS, LA 70122

Operator ID: 7448
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DENNIS E RANKIN
118 ST JOHN
LULING, LA 70070

Operator ID: 39796
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROGER D RANKIN
235 ANNA ST
AMA, LA 70031

Operator ID: 6199

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JEFFERY J RAPP, SR
5218 CICERO DR
DARROW, LA 70725

Operator ID: 3686

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ODIS M RATCLIFF
P.O. BOX 101
ANGOLA, LA 70712

Operator ID: 30286
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BENJAMIN D RATCLIFF
13433 PALOMINO DR
CENTRAL, LA 70739

Operator ID: 5575
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRIS W RAY
P.O. BOX 638
WALKER, LA 70785

Operator ID: 10905
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SHELLY L RAY
10953 N SHORELINE DR
BATON ROUGE, LA 70809

Operator ID: 13806

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEPHEN K RAY
300 HILBERT RD
WEST MONROE, LA 71291

Operator ID: 24286
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONNIE J RAY
167 SUMMERS RD
BASKIN, LA 71219

Operator ID: 25526
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EDDI A RAY
28 SYLVIA LANE
NOBLE, LA 71462

Operator ID: 33487
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES D RAY
620 WENDY LN
NEW ORLEANS, LA 70123

Operator ID: 3692

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LAUREN A RAY
9835 JUDI AVE
BATON ROUGE, LA 70815

Operator ID: 37863
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VERNON D RAY
814 GEORGE REPPOND ROAD
MARION, LA 71260

Operator ID: 7436
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JERRY L READ
163 D V BYRD LANE
WEST MONROE, LA 71292

Operator ID: 11820
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LOUIS E REDMON, III
300 NORTH MARSHALL
BUNKIE, LA 71322

Operator ID: 7236
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

NORBERT M REDMOND, III
1462 SHARLO AVE
BATON ROUGE, LA 70820-4450

Operator ID: 3699
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STANLEY R REDMOND
8631 LEMON RD
SLAUGHTER, LA 70777

Operator ID: 5173
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALTON REECE
POST OFFICE BOX 730
KENNER, LA 700630730

Operator ID: 3701
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SCOTT A REED
POST OFFICE BOX 5337
BOSSIER CITY, LA 71171

Operator ID: 12237
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MILTON L REED
612 E COLORADO AVE
RUSTON, LA 71270

Operator ID: 17686
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RICHARD C REED
121 SANDERS STREET
PINEVILLE, LA 71360

Operator ID: 18946

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KELVIN D REED
2921 LASALLE DR.
ALEXANDRIA, LA 71303-4313

Operator ID: 5152

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHAD W REED
3433 RIGOLETTE ROAD
PINEVILLE, LA 71360

Operator ID: 6558
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT A REEDS
679 BELLVIEW DRIVE
LAKE CHARLES, LA 70611

Operator ID: 7031
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LESLEY L REEVES
422 NEPTUNE ST APT 3
MORGAN CITY, LA 70380-5360

Operator ID: 11190
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TOMMY E REEVES
1367 HENGER RD
TROUT, LA 71371

Operator ID: 11636
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIAM E REEVES, JR
314 ANNIE REEVES RD
REEVES, LA 70658

Operator ID: 3712
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

OLIVER B REEVES
203 LAKE FOREST DR
VICKSBURG, MS 39183

Operator ID: 37688
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT J REGISTER
907 WESLEY AVE
SHREVEPORT, LA 71107

Operator ID: 7600
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

FRANKLIN D REHM, JR
P O BOX 957
PONCHATOULA, LA 70454

Operator ID: 19926
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BARRY REINERS
322 VIREO DRIVE
MANDEVILLE, LA 70448

Operator ID: 9790
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MELVIN J REIS, III
1925 MASSICOT RD
SAINT BERNARD, LA 70085

Operator ID: 32729
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER TREATMENT 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MELVIN J REIS, JR
1925 MASSICOT ROAD
ST. BERNARD, LA 70085

Operator ID: 5536
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIAM E REMBERT, III
244 BEAUREGARD RD
PRINCETON, LA 71067

Operator ID: 34226
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ELTON J REMONDET
317 SOMERSET DR
LAPLACE, LA 70068

Operator ID: 5074
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES B RENFROW, JR
1067 DOTY ROAD
FERRIDAY, LA 71334

Operator ID: 3720
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RALPH M REPPOND
POST OFFICE BOX 572
MARION, LA 71260

Operator ID: 6777

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL N REVERE
24322 NICK JENKINS RD
BUSH, LA 70431

Operator ID: 31906

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN REYNOLDS
109 REYNOLDS RD
MARION, LA 71260

Operator ID: 30706
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT REYNOLDS
121 FINDALE
CROWLEY, LA 70526

Operator ID: 9447
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL L RHODES
409 MILL POND DR
YOUNGSVILLE, LA 70592

Operator ID: 3729
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSEPH B RHODES
126 SEWER PLANT ROAD
BELLE CHASE, LA 70037

Operator ID: 7771
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID RHODUS
30140 W.H. RHODUS ROAD
HOLDEN, LA 70744

Operator ID: 3731
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT C RICE
1384 HWY 1228
WINNFIELD, LA 71483

Operator ID: 6025
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARCUS S RICHARD
1003 N CHURCH ST
KAPLAN, LA 70548

Operator ID: 10702
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONALD RICHARD
433 VALVERDE RD HWY 977
MARINGOUIN, LA 70757

Operator ID: 11285
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRAD M RICHARD
32240 LA 642 NORTH
PAULINA, LA 70763

Operator ID: 24207
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 2	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MELANIE S RICHARD
808 LENORA ROAD
CHURCH POINT, LA 70525

Operator ID: 34106
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID P RICHARD
507 CALCASIEU ST
LAKE ARTHUR, LA 70549

Operator ID: 37011
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TRENT J RICHARD
747 LUMAS RD
DERIDDER, LA 70634

Operator ID: 37027

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ARNOLD J RICHARD, JR
323 BRUCE CIRCLE
LAKECHARLES, LA 70611

Operator ID: 37067
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHEP RICHARD
132 JASMINE LANE
WAGGAMAN, LA 70094

Operator ID: 3740

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 4

20.00

WATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BAREN P RICHARD
302 JUSTIN ST
LOCKPORT, LA 70374

Operator ID: 3741
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER TREATMENT 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILTON J RICHARD, JR.
7601 CAMERON STREET
DUSON, LA 70529

Operator ID: 3744
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LAYNE RICHARD
7078 MIRE HWY
CHURCH POINT, LA 70525

Operator ID: 42665
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN J RICHARD
321 DARDEN RD
LAFAYETTE, LA 70508

Operator ID: 5016
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ERIC A RICHARD
120 MIDWAY ST
THIBODAUX, LA 70301

Operator ID: 6266
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TONY R RICHARD
720 WEST LASTIE ST
ERATH, LA 70533

Operator ID: 6574
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANNY L RICHARD
1702 PIERRE MATTE RD
BRANCH, LA 70516

Operator ID: 8105
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GREGORY RICHARD
21325 CROWLEY EUNICE HWY
CROWLEY, LA 70526

Operator ID: 8662
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID J RICHARDS
2420 CORINNE DR
CHALMETE, LA 70043

Operator ID: 5073
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES A RICHARDSON
5305 NORTH MARKET
SHREVEPORT, LA 71107

Operator ID: 11496
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CODY B RICHARDSON
247 WILLOW RD
ANACOCO, LA 71403

Operator ID: 37051
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES M RICHARDSON
44666 LEES LN
HAMMOND, LA 70403

Operator ID: 41463
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TRENDLE R RICKERSON
410 CHURCH ST
RACELAND, LA 70394

Operator ID: 11479
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN W RIDER
778 DAVIS LK RD
COLUMBIA, LA 71418

Operator ID: 6940
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRISTOPHER D RIDGEL
16218 TRAPEN LN
TICKFAW, LA 70466

Operator ID: 29447
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SEAN M RIECKE
70359 L ST
COVINGTON, LA 70433

Operator ID: 36493
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENT RIECKE
70420 K STREET
COVINGTON, LA 70433

Operator ID: 3765
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD A RIESS, JR
40145 TAYLORS TRAIL
UNIT 105
SLIDELL, LA 70461

Operator ID: 20408
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HUBERT RIGGS
6923 SILVER LN
LAKE CHARLES, LA 70607

Operator ID: 37864
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GLENFORT R RIGMAIDEN
2709 GENERAL MOORE
LAKE CHARLES, LA 70615

Operator ID: 10751
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOEY E RILLS
13344 K C RD
GONZALES, LA 70737

Operator ID: 10450

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RODNEY L RINGUET
2201 OLD SPANISH TRAIL
WEST LAKE, LA 70669

Operator ID: 9404

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL D RISINGER
1490 HWY 3121
SPEARSVILLE, LA 71277

Operator ID: 26927
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID C RITCHIE
3943 GRANGER RD
LAKE CHARLES, LA 70605

Operator ID: 37651
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALLEN J RIVIERE
33185 ADAMS DRIVE
WHITE CASTLE, LA 70788

Operator ID: 3774
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PAUL E RIVIERE, JR
115 CARROLLTON AVENUE
METAIRIE, LA 70005

Operator ID: 7148
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GODFREY RIXNER, III
609 NORTH POTOMAC ST
LAPLACE, LA 70068

Operator ID: 36180

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM ROACH
POST OFFICE BOX 1244
ST FRANCISVILLE, LA 70775

Operator ID: 3780
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JEFFERY W ROACH
2017 STONEWALL-FRIERSON R
FRIERSON, LA 71027

Operator ID: 6158

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RODNEY H ROARK
3279 HWY 3104
JENA, LA 71342

Operator ID: 8666
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALFRED J ROBAIR, JR
7914 LUCERNE ST
NEW ORLEANS, LA 70128

Operator ID: 3782
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SUSAN M ROBBINS
115 MUDGE RD.
BOYCE, LA 71409

Operator ID: 2005
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEPHEN A ROBERT
15165 JOE SEVARIO ROAD
GONZALES, LA 70737

Operator ID: 10907
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICKEY J ROBERT
106 DUFRENE LN
DES ALLEMANDS, LA 70030

Operator ID: 18986
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HAROLD P ROBERT
2756 ISABELLE
MARRERO, LA 70072

Operator ID: 5092
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BENNIE G ROBERT
315 BEN ROBERT RD
WEST MONROE, LA 71292

Operator ID: 8845
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARLON D ROBERTS
411 LOUISIANA AVE
SULPHUR, LA 70663

Operator ID: 10825
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES D ROBERTS
851 ROWLAND RD
APT#50
MONROE, LA 71203

Operator ID: 13967
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ISRAEL C ROBERTS
906 DON LOUIS AVENUE
OPELOUSAS, LA 70570-3608

Operator ID: 3789
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JESSIE J ROBERTS
428 BROWNING
SHREVEPORT, LA 71106

Operator ID: 6848
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALFRED R ROBERTS
410 BROWN ST LOT 23
WEST MONROE, LA 71292

Operator ID: 8287
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LA TONYA M ROBERTS
P O BOX 424
BENTLEY, LA 71407

Operator ID: 9006

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHASE H ROBERTSON
1201 MAIN ST
BATON ROUGE, LA 70802

Operator ID: 31010
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RANDY P ROBERTSON
111 MICHEAL DR
DES ALEMANDS, LA 70030

Operator ID: 31726
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD A ROBERTSON
214 POLLOCK ST
KENNER, LA 70062

Operator ID: 3796
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RENAULDO D ROBERTSON, SR
1225 ELLERSLIE AVE
LAPLACE, LA 70068

Operator ID: 3802
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLAY B ROBERTSON
128 OLD RIVER ROAD
ALEXANDRIA, LA 71302

Operator ID: 40404
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHAD A ROBERTSON
150 GIBBS RD
FRANKLIN, LA 70538

Operator ID: 42494
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JACKIE L ROBERTSON
493 LAKEVIEW DRIVE
DOYLINE, LA 71023

Operator ID: 7239
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JENNY A ROBICHAUX
1264 COLUMBUS AVENUE
MORGAN CITY, LA 70380

Operator ID: 10947
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

REBECCA N ROBICHAUX
212 HACKBERRY STREET
RACELAND, LA 70394

Operator ID: 8360
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RAY J ROBIN
P O BOX 556
HENDERSON, LA 70517

Operator ID: 3805
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEO J ROBIN
1250 AVE D
PORT ALLEN, LA 70767

Operator ID: 3807
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAYSON P ROBINS
17231 BEBE LANE
FRENCH SETTLEMENT, LA 70733

Operator ID: 37032
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JERRY W ROBINSON, JR
1647 ARCADIA HWY
QUITMAN, LA 71268

Operator ID: 10308
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DEBORAH A ROBINSON
POST OFFICE BOX 5
HINESTON, LA 71438

Operator ID: 11087
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEFFERY B ROBINSON
PO BOX 173
PAINCOURTVILLE, LA 70391

Operator ID: 11088
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CLEVELAND J ROBINSON
42524 JEFFERSON CT
HAMMOND, LA 70403

Operator ID: 14246
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TRAVIS D ROBINSON
46 CLIFFORD PRICE RD
DEVILLE, LA 71328

Operator ID: 24226
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BILL H ROBINSON
PO BOX 687
HAUGHTON, LA 71037

Operator ID: 26486
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LLOYD J ROBINSON, SR
16 KENTUCKY AVE
KENNER, LA 70062

Operator ID: 35389
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MEKO C ROBINSON
901GRETNA BLVD. APT B2-14
GRETNA, LA 70053

Operator ID: 35401
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JESSIE L ROBINSON
1918 GEN. TAYLOR AVE
BATON ROUGE, LA 70810

Operator ID: 3815
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PHILLIP H ROBINSON
3525 HWY 865
WINNSBORO, LA 71295

Operator ID: 3816
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DONALD R ROBINSON
P O BOX 216
WELSH, LA 70591

Operator ID: 38170

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LAMONZE C ROBINSON
2020 GEMINI DR
BASTROP, LA 71220

Operator ID: 39490
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MANGHEE M ROBINSON
1715 LYNWOOD DR
SLIDELL, LA 70460

Operator ID: 39676
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSHUA L ROBINSON
20035 SALLIE DR
PLAQUEMINE, LA 70764

Operator ID: 40342

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

WASTEWATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WEBSTER J ROBINSON
165 PADGETT RD
HINESTON, LA 71438

Operator ID: 5130

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NELTON D ROBINSON
1638 HWY 394
DE RIDDER, LA 70634

Operator ID: 5197
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HENDERSON ROBINSON
3912 BORDEAUX DR.
SHREVEPORT, LA 71108

Operator ID: 6849
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GRADY J ROBINSON
1620 MUNSON
SLAUGHTER, LA 70777-9602

Operator ID: 8141
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ARCHIE B ROBINSON
287 LONE OAK LANE
SIBLEY, LA 71073

Operator ID: 9110
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CARSON K ROBINSON
17768 HWY 4
JONESBORO, LA 71251

Operator ID: 9811

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RICHARD W ROBISON
2898 RIVERSIDE ROAD
JENNINGS, LA 70546

Operator ID: 10827
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BARRY ROBSON
114 GREENBROOK BLVD
SHREVEPORT, LA 71106

Operator ID: 8984
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ERIC P ROBY
4933 ALEXIS DR
MARRERO, LA 70072

Operator ID: 31786

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CLINTON D ROCHESTER
19784 HWY 450
FRANKLINTON, LA 70438

Operator ID: 12451
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RANDY RODGERS
1005 HOOTER RD
BRIDGE CITY, LA 70094

Operator ID: 3830

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONALD J RODRIGUE
119 WEST 68TH STREET
CUTOFF, LA 70345

Operator ID: 11089
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BEAU M RODRIGUE
19972 HWY 644
VACHERIE, LA 70090

Operator ID: 12386
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ERKLE G RODRIGUE, III
2800 HIGHWAY 20
VACHERIE, LA 70090-3602

Operator ID: 14906

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN J RODRIGUE
P O BOX 582
ANACOCO, LA 71403

Operator ID: 16547
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SIDNEY J RODRIGUE
73470 TAMMY LANE
COVINGTON, LA 70435

Operator ID: 18008
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ANTHONY R RODRIGUEZ
1429 JONES RD
DERIDDER, LA 70634

Operator ID: 11729
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

OSCAR RODRIGUEZ, JR
POST OFFICE BOX 5337
BOSSIER CITY, LA 71171

Operator ID: 5666
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM A ROE, JR
107 LAMBDA ST
BELLE CHASSE, LA 70037

Operator ID: 8070
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT R ROEDTS
29736 LARD RD
HOLDEN, LA 70744

Operator ID: 13147
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JUNIOR A ROGERS
1403 STUART CIRCLE
BOSSIER CITY, LA 71112

Operator ID: 3840
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SCOTT P ROGERS
3329 SHERBROOK LN
HARVEY, LA 70058

Operator ID: 3843
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 3	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ERIC ROGERS
4613 RICHLAND AVENUE
METAIRIE, LA 70002

Operator ID: 3846
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEE S ROGERS
206 RIVER OAKS DR
NEW ORLEANS, LA 70118

Operator ID: 3847
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WESTLEY P ROGERS
544 MORNING SIDE DR
GRETNA, LA 70056

Operator ID: 8271
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

OVERTON ROLAND
158 NEW LIGHT ROAD
PINEVILLE, LA 71360

Operator ID: 8748
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GAYLE A ROME
8196 LA HWY 44
CONVENT, LA 70723

Operator ID: 3858
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRYAN ROMERO
22724 JERRY ROAD
KAPLAN, LA 70548

Operator ID: 11091
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM J ROMERO
113 PORTER ST
NEW IBERIA, LA 70560

Operator ID: 26250
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DERRICK M ROMERO
3626 N HWY 27
SULPHUR, LA 70663

Operator ID: 33827
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CASEY C ROMERO
1055 BRIDGE ST HWY
PARKS, LA 70582

Operator ID: 37911
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHNNY J ROMERO
5102 BULL ISLAND RD
NEW IBERIA, LA 70560

Operator ID: 3859
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MYRON C ROMERO
824 AVENUE "H"
WESTWEGO, LA 70094

Operator ID: 3863
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JASON P ROMERO
401 EMANCI PATION DR
BROUSSARD, LA 70518

Operator ID: 38650
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CREIG J RONSONET
PO BOX 353
CHARENTON, LA 70523

Operator ID: 3865
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THERESA D ROOFNER
POST OFFICE BOX 13085
LAKE CHARLES, LA 70612

Operator ID: 7673
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MORRIS ROSAYA
PO BOX 321
FORDOCHE, LA 70732

Operator ID: 5188
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHARLES P ROSE
18230 ROSE DRIVE #15
PONCHATOULA, LA 70454

Operator ID: 11124
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLYDE P ROSE
1582 3RD ST.
LUTCHER, LA 70071

Operator ID: 3871
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL N ROSELLE
5725 CASPIANA LN
BOSSIER, LA 71112

Operator ID: 29626
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WATER DISTRIBUTION 3	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LACARLTON J ROSS, SR
9523 EAST GRAHAM AVE
BATON ROUGE, LA 70814

Operator ID: 20186
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLANCY ROSS
1487 OAK RIDGE DRIVE
LEESVILLE, LA 71446

Operator ID: 30648
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES W ROSS
43188 NORWOODARD
GONZALES, LA 70737

Operator ID: 38055

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HENRY L ROSS
128 CATHERINE LN
GRAYSON, LA 71465

Operator ID: 3879
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL T ROSS
12327 KINGSTON DRIVE
BATON ROUGE, LA 70807-2038

Operator ID: 8794
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SCOTT N ROTH, SR
83683 HOLLIDAY ROAD
FOLSOM, LA 70437

Operator ID: 21407
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GEORGE W ROTH, JR
3802 OLE MISS DRIVE
KENNER, LA 70065-2518

Operator ID: 8467
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANTHONY A ROUCHON
5845 WINCHESTER LANE
CLINTON, LA 70722

Operator ID: 40664
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARK ROUGEAU
1721 ELEANOR ST
LAKE CHARLES, LA 70601

Operator ID: 6924
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALVIN ROUNDS, JR
305 KIRTCH DR
HOUMA, LA 70363

Operator ID: 7910
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RAYMOND D ROUSH
5244 WALKER ROAD
JONESBORO, LA 71251-5553

Operator ID: 8988
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DANIELLE ROUSSEL
2660 N NOBILE ST
PAULINA, LA 70763-2529

Operator ID: 9510

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ADAM C ROUSSELL
752 MAGNOLIA ST
SLIDELL, LA 70460

Operator ID: 11480
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TERRELL M ROUSSELL
504 KENNEDY ST
AMA, LA 70031

Operator ID: 24866

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ALLEN P ROUSSELL, JR
2316 CORINNE AVE
CHALMETTE, LA 70043

Operator ID: 26487
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MERRICK ROUSSELLE, SR
247 MARCIA DR
LULING, LA 70070

Operator ID: 3890

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 4

20.00

WATER TREATMENT 3

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DEVIN P ROUX
367 DAVIS DR
LULING, LA 70070

Operator ID: 42224
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMIE P ROUX
220 BEAU PLACE BLVD
DES ALLEMANS, LA 70030-3447

Operator ID: 6568
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRAD J ROUYEA
P O BOX 214
ST AMANT, LA 70774

Operator ID: 37016
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES E ROWLANDS, III
POST OFFICE BOX 607
CLARENCE, LA 71414

Operator ID: 10849
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAMON P ROY
1101 AVENUE D
WESTWEGO, LA 70094

Operator ID: 7493

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JO ANN ROYBISKIE
2501 CARTIER DRIVE
LAPLACE, LA 70068

Operator ID: 10749
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SIDNEY J ROYSTER
1517 PINE ST
LAKE CHARLES, LA 70601

Operator ID: 3899
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEMMON J RUBIN
116 TOWN HOME DR.
LAFAYETTE, LA 70506

Operator ID: 5935
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES W RUFFIN
750 NORTH PRINCETON
MANSFIELD, LA 71052

Operator ID: 3905
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRAD J RUIZ
10855 EAGLE DR APT921
MONT BELVIEW, TX 77523-7610

Operator ID: 38332
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENDALL M RUIZ
105 MYRICK DR
HOUMA, LA 70363

Operator ID: 3907
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LAURENT P RUIZ, JR
3747 ASHTON DRIVE
DESTREHAN, LA 70047

Operator ID: 8468

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSEPH D RUSH, JR
1310 SOUTH FIFTH STREET
MONROE, LA 71202

Operator ID: 11481

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM RUSH
16488 HWY 10
ROSELAND, LA 70456

Operator ID: 9615
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEROME RUSHING
2309 AMERICA STREET
MANDEVILLE, LA 70448

Operator ID: 12182
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GINGER A RUSHING
1324 HWY 401
NAPOLEONVILLE, LA 70390

Operator ID: 30367
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT S RUSNOCK
13750 DEER DR
KEITHVILLE, LA 71047

Operator ID: 6854
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

HENRY C RUSSELL, JR
307 KATHERINE AVENUE
ABITA SPRINGS, LA 70420

Operator ID: 10692
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SAMUEL E RUSSELL
133 WARD ROAD
STONEWALL, LA 71078

Operator ID: 11908

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARVIN R RUSSELL
1512 PINE ST
NEW ORLEANS, LA 70118

Operator ID: 3918
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GWENDOLYN RUSSELL
1125 FULLILOVE DR
BOSSIER CITY, LA 71112

Operator ID: 6043
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONALD B RUSSELL
PO BOX 1692
COVINGTON, LA 70434

Operator ID: 6345
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KATHY A RUSSO
4901 JEFFERSON HWY
SUITE E
JEFFERSON, LA 70121

Operator ID: 2499
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JANICE M RUSSO
12156 OLD BATON ROUGE HWY
HAMMOND, LA 70403

Operator ID: 5973

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSHUA D RYALS
283 WALKER RD
MANSFIELD, LA 71052

Operator ID: 11176
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID L RYALS
51 OUAIL ROAD
CONVERSE, LA 71419

Operator ID: 3924
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LAWRENCE RYDER
POST OFFICE BOX 490
LEONVILLE, LA 70551

Operator ID: 11731
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES J RYDER
POST OFFICE BOX 1132
OBERLIN, LA 70655

Operator ID: 8073
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLIE W SALLEY
880 NUBBIN RIDGE
CONVERSE, LA 71419

Operator ID: 5854
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL W SALMON
3048 MILLER ROAD
JACKSON, LA 70748

Operator ID: 8795
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JARED L SAM
322 STEWART ST
LAFAYETTE, LA 70501

Operator ID: 24587
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN J SAMPEY
147 11TH STREET
BRIDGE CITY, LA 70094-3110

Operator ID: 5978
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GARY L SANDELL
373 MELDER RD
GLENMORA, LA 71433

Operator ID: 23947

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CARL L SANDERS
1400 HILLARY DR
SLIDELL, LA 70461

Operator ID: 11410
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEVEN R SANDERS
512 7TH STREET SE
SPRINGHILL, LA 71075

Operator ID: 12316

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LESTER L SANDERS
1316 POMPEY DR
BATON ROUGE, LA 70816

Operator ID: 32826
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DANIEL L SANDERSON
115 TOWER ROAD
PONCHATOULA, LA 70454-8519

Operator ID: 11971
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES E SANDERSON
26 PINE DR
CONVERSE, LA 71419

Operator ID: 27566
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SAM B SANDLIN, III
P O BOX 279
SAREPTA, LA 71071

Operator ID: 38910
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LENARD F SANDOVAL
4419 GRANTHAM DR
PINEVILLE, LA 71360

Operator ID: 3952
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARK S SANFILIPPO
711 SOUTH 6TH ST
EUNICE, LA 70535

Operator ID: 14247
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PABLO SANMARTIN
100 DAHLIA ST
METAIRIE, LA 70005

Operator ID: 20666
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ULYSSES A SANTIAGO
1215 LIZARDI STREET
NEW ORLEANS, LA 70117

Operator ID: 7494
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MORRIS SAPIA
40132 SILVERADO LN
FRANKLINTON, LA 70438

Operator ID: 26252
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DERRIAN SAPP
P O BOX 310
COLFAX, LA 71417

Operator ID: 3956

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES W SARGENT, JR
7461 MCCOWN RD
IOWA, LA 70647

Operator ID: 37653
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HOWARD J SAUCIER, JR
623 BAYOU TECH SUBD RD
OPELOUSAS, LA 70570

Operator ID: 37110
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RICKY B SAUCIER
10976 HIGHWAY 182 WEST
FRANKLIN, LA 70538

Operator ID: 3961
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LUIS J SAUCIER
631 BIG LAKE RD
PINEVILLE, LA 71360

Operator ID: 5863
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

AUSTIN J SAVOIE
324 JESSIE ST
OPELOUSAS, LA 70570

Operator ID: 6448
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL T SAVOY
11667 BECO RD
ST AMANT, LA 70774

Operator ID: 12119

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NEAL P SAVOY
44119 STRINGER BRIDGE RD
ST AMANT, LA 70774

Operator ID: 12248
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LAURA S SAVOY
700 LANDRY ST
SULPHUR, LA 70663

Operator ID: 28206
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RANDY J SAVOY
5346 STANDARD MILL ROAD
RAYNE, LA 70578

Operator ID: 3965
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SCOTT E SAWYER
291 SHERWOOD DRIVE
DRY PRONG, LA 71423

Operator ID: 6173
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHRISTOPHER S SCALISI
209 S KNAPP
LOWA, LA 70647

Operator ID: 28386
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LARRY D SCARBOROUGH
P O BOX 112
FORDOCHE, LA 70732

Operator ID: 10643
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RYAN C SCARDINA
21021 VERMONT ST
LIVINGSTON, LA 70754

Operator ID: 3973
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HENRY A SCHEELER, III
P.O. BOX2201
CHALMETTE, LA 70044

Operator ID: 10438
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM E SCHENCK
25103 LOUAND DRIVE
LACOMBE, LA 70445

Operator ID: 38009
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEE A SCHEXNAIDER
9202 LA HWY 82
ABBEVILLE, LA 70510

Operator ID: 7911
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN H SCHEXNAIDER, JR
177 PRIMROSE DR.
THIBODAUX, LA 70301

Operator ID: 7912
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NELSON Y SCHEXNAYDER
32164 DARREN ROAD
PAULINA, LA 70763

Operator ID: 8470
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CLINT A SCHEXNAYDRE
6243 BEAU DOUGLAS AVENUE
GONZALES, LA 70737

Operator ID: 10313
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BART V SCHILLAGE
#12 SPANISH FORT SHELL RD
NEW ORLEANS, LA 70122

Operator ID: 3985
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES E SCHLICHER
48372 WOODHAVEN RD
TICKFAW, LA 70466

Operator ID: 3988
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

EDWARD D SCHROCK
PO BOX 327
MER ROUGE, LA 71261

Operator ID: 38851
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBIN L SCHROEDER
30095 NORTH RANGE ROAD
LIVINGSTON, LA 70754

Operator ID: 37949

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES A SCHULTZ
6 HOLLY DRIVE
GRETNA, LA 70053

Operator ID: 9618
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

AMY K SCHULZE
7184 LAKELAND DR
ZACHARY, LA 70791

Operator ID: 13148
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

THOMAS F SCHWARTZ
POST OFFICE BOX 29
SLAUGHTER, LA 70777

Operator ID: 11287
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RODNEY A SCHWERTNER
7121 SHADOW LANE
LAKE CHARLES, LA 70605

Operator ID: 5561
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ANTHONY P SCOGGIN
907 GRACE
JENNINGS, LA 70546

Operator ID: 32846
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONALD J SCOTT
2909 ENGLISH COLONY
LAPLACE, LA 70068

Operator ID: 14592
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TRICIA B SCOTT
3724 ASPEN DR
HARVEY, LA 70058

Operator ID: 20412
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL O SCOTT
904 5 TH ST
GRAND CANE, LA 71032

Operator ID: 35786
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARION R SCOTT, II
1936 CHERYL LANE
LAKE CHARLES, LA 70611

Operator ID: 39012
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LYNDAL K SCOTT
79 STANTON HALL
DESTREHAN, LA 70047

Operator ID: 4000
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT L SCOTT
2139 GREENWOOD ROAD
SHREVEPORT, LA 71103

Operator ID: 6134
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BYRON L SCOTT
4809 FRANCIS DR
NEW ORLEANS, LA 70126

Operator ID: 6340
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PAUL J SCOTT
POST OFFICE BOX 1174
OPELOUSAS, LA 70571

Operator ID: 9909
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROY W SCROGGS
PO BOX 256
DEVILLE, LA 71328

Operator ID: 4004
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONNA R SEABAUGH
421 BOWMER LANE
SULPHUR, LA 70663

Operator ID: 7146
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES M SEAL
1809 ROSARY LN
SULPHUR, LA 70663

Operator ID: 37547
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL S SEGARS
170 WILLOW CREEK RD
DOWNSVILLE, LA 71234

Operator ID: 37490
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

AMMON R SEIPLE, JR
PO BOX 186
SAREPTA, LA 71071

Operator ID: 36669

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ERNEST W SELF
173 GUS RACHAL ROAD
CAMPTI, LA 71411

Operator ID: 10315
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JERRY L SELF
43115 SYCAMORE BEND AVE
GONZALES, LA 70737

Operator ID: 6732
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIAM D SELLERS
612 AVENUE G
KENTWOOD, LA 70444

Operator ID: 4016

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICKY J SEMIEN
2213 ALICE CT
LAKE CHARLES, LA 70601-0111

Operator ID: 19051
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GREGORY P SEMIEN
2237 CLINE ST
LAKE CHARLES, LA 70601

Operator ID: 37907
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER TREATMENT 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

HAROLD W SEMIEN
1658 LEDAY STREET
OPELOUSAS, LA 70570

Operator ID: 5906

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RAYMOND L SENECA
58855 HYMEL DR
WHITE CASTLE, LA 70788

Operator ID: 9363
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TERRY L SENEZ
33835 GALLOWAY ROAD
WALKER, LA 70785

Operator ID: 5193

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 3

20.00

WASTEWATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HAL M SENN
229 HWY 852
RAYVILLE, LA 71269

Operator ID: 4021
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TROY J SENTIMORE
10151 CURRAN STREET
APT D 89
NEW ORLEANS, LA 70127

Operator ID: 12947
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TIMMIE O SEPT
7024 KENT DRIVE
BAKER, LA 70714

Operator ID: 8361
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

VICTOR L SEPULVADO
92 VICTOR LN
NOBLE, LA 71462

Operator ID: 14248
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEPHANIE J SEPULVADO
PO BOX 1366
ZWOLLE, LA 71486

Operator ID: 32367
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JESSE L SEPULVADO
300 PARKSIDE DRIVE
ZWOLLE, LA 71486-3471

Operator ID: 5251

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

COREY N SERPAS
22087 SOUTH RIDGE DR
PONCHATOULA, LA 70454

Operator ID: 26628
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN SERVAT
10 GLACIER STREET
KENNER, LA 70065

Operator ID: 4023
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STANLEY B SHADDOCK
PO BOX 395
COTTON VALLEY, LA 71018

Operator ID: 9359

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00
WATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROGER W SHANABARGER
115 N 14TH ST
KINDER, LA 70648

Operator ID: 10316
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID R SHANKS
35163 STONE CASTLE DR
DENHAM SPRINGS, LA 70726-8538

Operator ID: 4029
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TIMOTHY S SHARBUTT
P O BOX 668
COTTON VALLEY, LA 71018

Operator ID: 37988
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALBERT A SHARP
87234 HWY 25
FRANKLINTON, LA 70438

Operator ID: 12452
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RONALD L SHARP, SR
29946 HWY 444
SPRINGFIELD, LA 70462

Operator ID: 8676
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM D SHAW
345 WAYNE DR
SHREVEPORT, LA 71105

Operator ID: 26506
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GEORGE W SHAW, JR
21831 HWY 371
COTTON VALLEY, LA 71018

Operator ID: 6198
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DOUGLAS S SHEAFFER
5608 WEST FOREST ISLE
APT 698
NEW ORLEANS, LA 70131

Operator ID: 4032

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WATER DISTRIBUTION 4

20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID L SHELBURNE
1003 WASHINGTON ST #15
WEST MONROE, LA 71292

Operator ID: 41025
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GREGORY W SHELLEN
POST OFFICE BOX 3
ALBANY, LA 70711

Operator ID: 8518
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JERRY D SHELTON
9316 PINE GROVE ST
SHREVEPORT, LA 71118

Operator ID: 17306

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THADDEUS X SHELVIN
1112 LEBESOUÉ RD
LOT 24
LAFAYETTE, LA 70507

Operator ID: 40962
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 2	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIE R SHELVIN
413 WEST MINOR ST
GONZALES, LA 70737

Operator ID: 8894
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRIAN K SHELVEY, SR
228 WILLIAM ST
RACELAND, LA 70394

Operator ID: 6913
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID D SHEPARD
2033 HWY 399 N
PITKIN, LA 70656

Operator ID: 23949
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

NICOLE B SHEPHERD
110 PENNY LANE
LECOMPTE, LA 71346

Operator ID: 7943
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID L SHERRILL
P O BOX 682
JENA, LA 71342

Operator ID: 10317
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KAREN L SHERRILL
618 SHERRILL ROAD
ATHENS, LA 71003

Operator ID: 10318
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

REUBEN T SHERRILL
337 RICH RD
ARCADIA, LA 71001

Operator ID: 6277

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALBERT SHIELDS, JR
13011 STONE DR

Operator ID: 5162
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PAUL W SHOEMAKER
73601 CHAPMAN
APT D-2
ABITA SPRINGS, LA 70420

Operator ID: 12130
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LARRY E SHRIVER
18400 LEGION ROAD
FRENCH SETTLEMENT, LA 70733

Operator ID: 5945
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HENRY A SHULER
230 GRANDVIEW DR
CHATHAM, LA 71226

Operator ID: 11735
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILL J SHULER
411 LOUISIANA AVE
WINNFIELD, LA 71483

Operator ID: 5151
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL P SHULER
380 SHULER RD
BOYCE, LA 71409

Operator ID: 5189
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEVEN J SHULIN
724 VANDERBILT LN.
KENNER, LA 70065

Operator ID: 4055
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CALVIN D SHUMWAY
1240 KINGS VIEW CIR
JACKSON, LA 70740

Operator ID: 7033
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DEWAYNE L SHYNE
118 GEORGIA DR
MINDEN, LA 71055

Operator ID: 17307
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DOUGLAS E SIGLER
2021 INDUSTRIAL PARK BLVD
ALEXANDRIA, LA 71301

Operator ID: 6453
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SEAN SIKES
136 HWY 855
DELHI, LA 71232

Operator ID: 39032
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROY E SIKES
POST OFFICE BOX 605
NEWELLTON, LA 71357

Operator ID: 5494
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARCUS E SIKES
228 WILLS ROAD
POLLOCK, LA 71467

Operator ID: 5946
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMAL J SIMEON
2528 WHIPPLETREE DR
HARVEY, LA 70058

Operator ID: 8406
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONALD T SIMIEN
1313 WENDELL ST
LAKE CHARLES, LA 70601

Operator ID: 4065
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM E SIMMERS
32560 GRAHAM ST
WHITE CASTLE, LA 70788

Operator ID: 4067
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHRISTOPHER F SIMMONS
P O BOX 1291
ROSEPIN, LA 70659

Operator ID: 26647
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KARL SIMMONS, SR
2185 WELLINGTON LANE
SLIDELL, LA 70461

Operator ID: 35606
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN R SIMMONS
1734 SAM HOUSTON JONES P
MOSS BLUFF, LA 70611

Operator ID: 4069
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HARRY G SIMMONS, III
1445 HIGHWAY 27
DERIDDER, LA 70634

Operator ID: 4074
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CALEB J SIMMONS
1837 SIMMONS RD
DERIDDER, LA 70634

Operator ID: 42679

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

WATER PRODUCTION 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LARRY J SIMMS
57845 NEW ERWIN DRIVE
PLAQUEMINE, LA 70767

Operator ID: 31586
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

NIKITA J SIMON
3110 LARK LN
LAKE CHARLES, LA 70607

Operator ID: 20016

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSEPH D SIMON
1500 LACADIE DR UNIT B
LAKE CHARLES, LA 70605

Operator ID: 28106

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ADLES SIMON
161 DEVALL RD
HACKBERRY, LA 70645

Operator ID: 30668
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEAN A SIMON
4317 NORTHSIDE RD
NEW IBERIA, LA 70563

Operator ID: 4081
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICKY J SIMON
923 EATON DR
ABBEVILLE, LA 70510

Operator ID: 6219
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EFRON L SIMON
1313 OKLAHOMA ST
LAKE CHARLES, LA 70607

Operator ID: 6286
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER PRODUCTION 4	20.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT J SIMON, JR
POST OFFICE BOX 47
ESTHERWOOD, LA 70534

Operator ID: 7762

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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GOVERNOR



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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KURT A SIMONEAUX
2800 LITTLE FLOCK ROAD
MANY, LA 71449

Operator ID: 10322
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LONNIE J SIMONEAUX
42434 BLYTH AVE
PONCHATOULA, LA 70454-9498

Operator ID: 20946
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PATIENCE M SIMONEAUX
2800 LITTLE FLOCK RD
MANY, LA 71429

Operator ID: 30867
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN R SIMPSON
9696 HAYNE BLVD APT M24
NEW ORLEANS, LA 70127

Operator ID: 11411
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KENNETH W SIMPSON
PO BOX 2043
BATON ROUGE, LA 70821-2043

Operator ID: 19726
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARION J SIMPSON
5930 GILLY WILLIAMS ROAD
PINEVILLE, LA 71360

Operator ID: 4093
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HOLLIS R SIMPSON, III
59655 HWY 1148 LOT 164
PLAQUEMINE, LA 70764

Operator ID: 7140
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEROY D SIMPSON
12940 MCRAVEN CT.
NEW ORLEANS, LA 70128

Operator ID: 7666
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JWILL H SIMS, III
121 FOSSON LN
LAKE CHARLES, LA 70607

Operator ID: 11433
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RAYFORD SIMS, JR.
POST OFFICE BOX 132
FISHER, LA 71426

Operator ID: 6458
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES E SIMS
1651 DAVIS STREET
BAKER, LA 70714

Operator ID: 9736
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM J SINGLETON
11435 E. BLACKOAK DR
BATON ROUGE, LA 70815

Operator ID: 32867
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH R SIRAGUSA
546 MAC ARTHUR AVENUE
HARVEY, LA 70058

Operator ID: 11379
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LEO M SIVERAND
682 ANDREPONT ROAD
OPELOUSAS, LA 70570

Operator ID: 27726

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLIFTON H SIVERD, JR
1646 WEBSTER ST
MANDEVILLE, LA 70448

Operator ID: 19128
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BENNIE B SKAINS
188 BEARDEN EST RD
FARMERVILLE, LA 71241

Operator ID: 8682
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LINDA B SKAPURA
548 POLYTECH DRIVE
BATON ROUGE, LA 70808

Operator ID: 4109
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD SKYLES
9458 MCADOO
SHREVEPORT, LA 71118

Operator ID: 4111
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEVE B SLACK, JR
3301 W ESPLANADE AVE N
APT 7116 B
METAIRE, LA 70002

Operator ID: 36515

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WATER DISTRIBUTION 4

20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DARRELL S SLAUGHTER
181 C RACHAL RD
POLLOCK, LA 71467

Operator ID: 36189
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEONARD R SLAY
125 SEALS ROAD
POLLOCK, LA 71467

Operator ID: 4116
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BARRY SMILEY
POST OFFICE BOX 337
DUPLESSIS, LA 70728

Operator ID: 11567

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN T SMILEY
POST OFFICE BOX 795
WALKER, LA 70785

Operator ID: 5528
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

COREY A SMITH
104 JODIE DRIVE
HAUGHTON, LA 71037

Operator ID: 10019
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LAWRENCE SMITH, JR
POST OFFICE BOX 718
NEW ROADS, LA 70760

Operator ID: 11102
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ERNEST T SMITH
4827 CAMP STREET
NEW ORLEANS, LA 70115

Operator ID: 11412
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARTHA L SMITH
42153 GARDEN DR
PONCHATOULA, LA 70454

Operator ID: 11484
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LINDA L SMITH
POST OFFICE BOX 111
SLAGLE, LA 71475

Operator ID: 11737

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIAM R SMITH
242 CARROLLTON AVENUE
SHREVEPORT, LA 71105

Operator ID: 12239

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PATRICIA A SMITH
14242 SUNNYHILL AVE
BATON ROUGE, LA 70819-2035

Operator ID: 14727

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEPHEN G SMITH
123 RAT TERRIER LANE
PLAIN DEALING, LA 71064

Operator ID: 16606
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ELIZABETH B SMITH
3906 CHAUVIN LANE
MONROE, LA 71201

Operator ID: 16726
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KARLA A SMITH
2204 OLD MANSFIELD RD #17
LOGANSPOUT, LA 71049-2955

Operator ID: 25466
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER TREATMENT 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN J SMITH
2233 WILLIAMSBURG DR
LAPLACE, LA 70068

Operator ID: 27226
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TRAVION T SMITH
2606 ISABEL ST
HOUMA, LA 70363

Operator ID: 28327
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIS E SMITH
PO BOX 252
TANGIPAHOA, LA 70465

Operator ID: 29926

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH SMITH
91 COOK RD-LOT 25
DELHI, LA 71232

Operator ID: 30006
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MATTHEW SMITH
599 CLAIBOURNE RD
CALHOUN, LA 71225

Operator ID: 30671
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FRANK SMITH
2751 FRANKFORT ST
NEW ORLEANS, LA 70122

Operator ID: 32868
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD R SMITH
103 EMERALD DR APT 229
MINDEN, LA 71055

Operator ID: 35006
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN S SMITH
1369 HWY 492
COLFAX, LA 71417

Operator ID: 36191
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JONATHAN R SMITH
40023 GERMANY RD
GONZALES, LA 70737

Operator ID: 36287

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LARRY W SMITH
13925 CAROLYN ST
WALKER, LA 70785

Operator ID: 36290

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STAN SMITH
3553 HWY 828
FARMERVILLE, LA 71241

Operator ID: 36570
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DENNIS J SMITH
12422 W BLANKEAT RD
INDEPENDENCE, LA 70443

Operator ID: 37089
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONNIE C SMITH
200 TEMPLE ROAD
RAYVILLE, LA 71269

Operator ID: 37249
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHAD B SMITH, SR
103 WARWICK ST
LAPLACE, LA 70068

Operator ID: 37447

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ELIJAH A SMITH
13373 W LAKESHORE DR
PRAIRIEVILLE, LA 70769

Operator ID: 37798
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CASEY P SMITH
217 EDSON GRANGER
SULPHUR, LA 70663

Operator ID: 37867
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RENEE L SMITH
2030 OLD NATCHITOCHES RD
WEST MONROE, LA 71292

Operator ID: 39450
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RYAN M SMITH
36169 SYCAMORE CIRCLE
GEISMAR, LA 70734

Operator ID: 41128

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD D SMITH
73303 PENN MILL ROAD
COVINGTON, LA 70435

Operator ID: 4134
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DOUGLAS B SMITH
120 SHANGHAI RD
BALL, LA 71405

Operator ID: 4148
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES A SMITH
1494 JOUBERT ST
JENA, LA 71342

Operator ID: 4166
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH S SMITH, SR
15223 JOOR RD
ZACHARY, LA 70791

Operator ID: 42083
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRISTOPHER Y SMITH
2716 SIEVERS
MARRERO, LA 70072

Operator ID: 5026
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DENNIS E SMITH
PO BOX 394
SWARTZ, LA 71281

Operator ID: 5166

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHAD J SMITH
212 FACADE RD
CARENCRO, LA 70520

Operator ID: 5718
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILEY P SMITH
512 CRISWELL CT
LAPLACE, LA 70068

Operator ID: 5964
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HENRY SMITH, JR
349 CASSIDY LANE
LOCKPORT, LA 70374

Operator ID: 6914
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN A SMITH
1613 YORKTOWN DRIVE
LAPLACE, LA 70068

Operator ID: 7034
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES J SMITH
136 MADDEN ROAD
ARCADIA, LA 71001

Operator ID: 7439
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BARON A SMITH
POST OFFICE BOX 4182
NEW ORLEANS, LA 70178

Operator ID: 7499
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 3	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANTHONY R SMITH
58 MORACE ROAD
DEVILLE, LA 71328

Operator ID: 7944
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ERNEST R SMITH, SR
3882 HWY 124 EAST
OLLA, LA 71465

Operator ID: 7946
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID J SMITH
5665 HAWTHORNE PLACE
NEW ORLEANS, LA 70124

Operator ID: 8277

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEVIN T SMITH
299 CUTTS ROAD
OTIS, LA 71466

Operator ID: 8683
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LONNIE D SMITH
P O BOX 312
GILLIAM, LA 71029

Operator ID: 9078
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BOYD D SMITH
1234 STACI LANE
SULPHUR, LA 70665

Operator ID: 9421
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRANDON R SNEAD
8362 BEEBE DR
GREENWOOD, LA 71033

Operator ID: 26507
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALBERT SNEED, JR
P O BOX 62
VENTRESS, LA 70723

Operator ID: 6273
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JONYELLE L SNOW
5720 SOUTH LAKESHORE DR
APT # 505
SHREVEPORT, LA 71119

Operator ID: 34266
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONNIE B SOBER, JR
64 GRAND PIERRE RD
PINEVILLE, LA 71301

Operator ID: 5426
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID T SODEN
POST OFFICE BOX 1854
SLIDELL, LA 70459

Operator ID: 10693
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRIAN K SOILEAU
587 ROZAS ROAD
EUNICE, LA 70535

Operator ID: 5116
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT C SOILEAU
272 DESHOTEL RD
OAKDALE, LA 71463

Operator ID: 5853

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 2

20.00

WATER PRODUCTION 2

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MATHEW SOILEAU
15171-1 HWY 1078
FOLSOM, LA 70437

Operator ID: 7310
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHRISTOPHER C SOILEAU
80 FREDRICKSBURG RD
BOYCE, LA 71409

Operator ID: 8300
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HECTOR L SOLER
37420 CYPRESS TRACE AVE
GEISMAR, LA 70734

Operator ID: 11538
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CRAIG SOLLBERGER
34438 HWY 433
SLIDELL, LA 70460

Operator ID: 4185
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DONALD J SONNIER, SR
4582 HICKORY BRANCH ROAD
LAKE CHARLES, LA 70611

Operator ID: 11380

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

WASTEWATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ANTHONY D SONNIER
1318 KIMBERLY DR
JENNINGS, LA 70546

Operator ID: 15906

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES M SONNIER
P.O. BOX 1037
KINDER, LA 70648

Operator ID: 24607
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TODD W SONNIER
4237 KOLL ROAD
JENNINGS, LA 70546

Operator ID: 26750
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ADAM J SONNIER
P O BOX 803
KINDER, LA 70648

Operator ID: 40406
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN W SONNIER
136 BLANCHARD RD
LAKE CHARLES, LA 70605

Operator ID: 40473
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BECKY C SOPRANO
PO BOX 195
CENTERVILLE, LA 70522

Operator ID: 8365
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DELBERT E SPANGLER
198 ANDERSON LANE
COLUMBIA, LA 71418

Operator ID: 13326
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RUSSELL H SPANSEL
3612 HARING RD
METAIRIE, LA 70006

Operator ID: 42523
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KATHRYN L SPARKS
1599 BURMA ROAD
THIBODAUX, LA 70301

Operator ID: 31366
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SHANNON M SPARKS
3205 MADISON PARK BLVD
SHREVEPORT, LA 71104

Operator ID: 41822
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JIMMIE R SPEARS
992 HWY 135
WINNSBORO, LA 71295

Operator ID: 5363
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JIMMY D SPEIGHT
6261 DESS ROAD
FLORIEN, LA 71429

Operator ID: 7948
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SIDNEY J SPELL, JR
22277 SIDNEY SPELL ROAD
BUSH, LA 70431

Operator ID: 10493
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM H SPELL
3736 SIR WILLIAM CT
BATON ROUGE, LA 70816

Operator ID: 10985
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VICTORIA E SPENCE
42293 MIKE DRIVE
HAMMOND, LA 70403

Operator ID: 41124
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID M SPENCER
19600 N 12TH STREET
APT 5203
COVINGTON, LA 70433

Operator ID: 28266
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HERMAN H SPILLER
PO BOX 54
FOREST HILL, LA 71430

Operator ID: 5138
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RAYMOND D SPILLMAN
1014 AVENUE E
BOGALUSA, LA 70427-4318

Operator ID: 19146

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TINA W ST CLAIR
1 SHADE TREE DRIVE
CARRIER, MS 39426

Operator ID: 8640
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CORY D ST ROMAIN
9898 LOCKHART D
DENHAM SPRINGS, LA 70726

Operator ID: 40422
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MISTI L ST.JOHN
345 AREA 4 RD
LOT 10
WEST MONROE, LA 71292

Operator ID: 17746
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSEPH B ST.JOHN
345 AREA 4 RD LOT 10
WEST MONROE, LA 71292

Operator ID: 29286

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TRACEY J ST.JULIEN
613 COMPTON ST
NEW IBERIA, LA 70560

Operator ID: 15946
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DARNELL P ST.ROMAIN
PO BOX 1901
DENHAM SPRINGS, LA 70727

Operator ID: 4231
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LIONEL STACKHOUSE
P O BOX 839
PATTERSON, LA 70392

Operator ID: 40282
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT L STAEHLE
313 EAST NORTH LOOP
OAKDALE, LA 71463

Operator ID: 5240

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL C STAFFEN
28651 BERRY TODD RD
LACOMBE, LA 70445

Operator ID: 9792
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JASON K STAFFORD
30490 N CORBIN ROAD
WALKER, LA 70785

Operator ID: 11294
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JEREMY T STALLINGS
2029 SOUTH GLENCOVE LANE
TERRYTOWN, LA 70056

Operator ID: 17906

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

WASTEWATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT J STAMM
6210 CATINA ST
NEW ORLEANS, LA 70124

Operator ID: 28337
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DREW E STANSELL, JR
15128 HWY 431
PRAIRIEVILLE, LA 70769

Operator ID: 37976
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EUGENE E STANSON
821 E LEXINGTON AVE
GRETNA, LA 70121

Operator ID: 39550
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RICHARD STANWOOD
12971 CHANELLE CT
NEW ORLEANS, LA 70128

Operator ID: 35410
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

EVERETT STAPLER, JR
2015 HWY 308-S
DONALDSONVILLE, LA 70346

Operator ID: 4240
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD G STAPLES
241 BEULAH ROAD
CALHOUN, LA 71225

Operator ID: 11822
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DOYLE D STEADMAN
803 WHITFIELD DRIVE
NATCHITOCHES, LA 71457

Operator ID: 11104
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MERRILL T STEEL
1025 PERRY STREET
GRETNA, LA 70053

Operator ID: 9740
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RONNY E STEELE
124 MEADOW WOOD
JENA, LA 71342

Operator ID: 4246
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM A STEGALL
POST OFFICE BOX 790
DENHAM SPRINGS, LA 70810

Operator ID: 7758
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SUSAN L STEGALL
POST OFFICE BOX 790
DENHAM SPRINGS, LA 70727

Operator ID: 7793

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 3

20.00

WASTEWATER TREATMENT 3

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH D STELLY
461 LONGWOOD DR
OPELOUSAS, LA 70570

Operator ID: 30987
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALLYSON C STELLY
880 HEINEN RD
BRANCH, LA 70516

Operator ID: 37658
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONALD D STELLY
16724 NANSON RD
ABBEVILLE, LA 70510

Operator ID: 4249
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EDDIE T STELLY
1482 HWY 361
WASHINGTON, LA 70589

Operator ID: 8686
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SHANE STELLY
7910 LA HWY 343
MAURICE, LA 70555

Operator ID: 9445
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

FREDRICK D STEMLEY
2229 JOLIET ST
NEW ORLEANS, LA 70118

Operator ID: 32886

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LAWRENCE P STEPHAN
389 FAIRWAY DR
LAPLACE, LA 70068

Operator ID: 37887

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

WASTEWATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRUCE STEPHANY
128 WANDA ST
LULING, A 70070

Operator ID: 4252
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JERRICK S STEPHENS
3025 MEADOW AVE
SHREVEPORT, LA 71108

Operator ID: 10806
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID W STEPHENS
14905 KNOX FERRY RD
BASTROP, LA 71220-8064

Operator ID: 36448
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JACOB R STEPHENS
427 SOUTHWEST ST
MORGAN CITY, LA 70380

Operator ID: 38612
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 3	20.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JERRY W STEPHENS
852 POLEMAN RD
SHREVEPORT, LA 71107

Operator ID: 5402
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD R STEPHENS
12950 US 61 N
ST FRANCISVILLE, LA 70775

Operator ID: 6226
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JIMMY G STEPHENSON
316 EAST DIXIE STREET
OAKDALE, LA 71463

Operator ID: 8366
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00
WATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH STERLING
202 IDAHO DR
MONROE, LA 71202

Operator ID: 13968
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOHN K STEVENS
130 SPARTAN LOOP
SLIDELL, LA 70458

Operator ID: 12013
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES W STEVENS
P. O. BOX 1352
JENA, LA 71342

Operator ID: 25891
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL S STEVENS
117 ANN LANE
ST ROSE, LA 70087

Operator ID: 4263
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TROY E STEVENSON
209 HOLLYWOOD PARK RD
LAPLACE, LA 70068

Operator ID: 35403

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

WATER DISTRIBUTION 1

20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

EDWIN STEWARD, JR
PO BOX 11401
NEW IBERIA, LA 70562

Operator ID: 6769

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WASTEWATER TREATMENT 2

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MELVIN S STEWART
P O BOX 26
DOYLINE, LA 71023

Operator ID: 27774
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

THEODORE A STEWART
1246 ADMIRAL NELSON DR
SLIDELL, LA 70461

Operator ID: 4265

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM W STEWART, JR
3280 STAKES RD
CROWLEY, LA 70526-0951

Operator ID: 4271
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JODY W STEWART
P O BOX 657
LIVINGSTON, LA 70754

Operator ID: 5730
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JERRY A STILES
543 MARTHA WOODS ROAD
HEFLIN, LA 71039

Operator ID: 9099
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LONNIE D STILSON
P O BOX 778
DUSON, LA 70529

Operator ID: 28068
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SHAWN M STINNETT
P.O. BOX 507
DES ALLEMANDS, LA 70030

Operator ID: 32066

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CLARENCE R STINSON
782 NEW ZION RD
WINNSBORO, LA 71295

Operator ID: 6067
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HARRY W STOCKDILL, JR
1023 4TH STREET
MORGAN CITY, LA 70380

Operator ID: 4275
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TOMMY R STOCKMAN
636 CYPRESS CREEK ROAD
OAKDALE, LA 71463

Operator ID: 7549

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

WATER PRODUCTION 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GEORGE W STOKES, JR
122 ERIKA DR
LAFAYETTE, LA 70506

Operator ID: 10912
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONALD D STOKES, JR
3906 BORDEAUX DR
SHREVEPORT, LA 71108

Operator ID: 12240
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RAYMOND STOKES
PO BOX 6715
NEW ORLEANS, LA 70174

Operator ID: 7501
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GREGORY K STOKLEY
38151 WILLOW LAKE EAST AV
PRAIRIEVILLE, LA 70769

Operator ID: 11387

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SAMUEL K STOMA
P O BOX 2431 GSU RD
BATON ROUGE, LA 70808

Operator ID: 41445
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEVEN M STRACENER
908 WEST CLAUDE STREET
LAKE CHARLES, LA 70605

Operator ID: 5695
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JIMMY G STRICKLAND, III
60320 BRYAN RD
SLIDELL, LA 70459

Operator ID: 42003
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES E STRICKLIN, JR
110 PECAN LAKE ESTATES
MONROE, LA 71203

Operator ID: 4289
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES G STRINGER
792 ZACHARY TAYLOR ROAD
MANY, LA 71449

Operator ID: 4290
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SCOTT STROHMEYER
4032 DELERY DR
MARRERO, LA 70072

Operator ID: 4292
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GRADY K STROTHER
POST OFFICE BOX 269
OAKDALE, LA 71463

Operator ID: 9742
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARK A STRUBLE
1423 BRIDLEWOOD DR
LAKE CHARLES, LA 70615

Operator ID: 37648
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES C STUART
PO BOX 131
COLUMBIA, LA 71418

Operator ID: 4294
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DOUGLAS M STUMP
15926 HWY 157
BENTON, LA 71006

Operator ID: 17386
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRIT A STUTES
7354 HWY 1133
SULPHUR, LA 70665

Operator ID: 26210
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PATRICK J STUTES
125 LEROY BREAUX
CARENCRO, LA 70578

Operator ID: 4296

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN W SUCHANEK
1371 CASEY ROAD
MERRYVILLE, LA 70653

Operator ID: 36851
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HOMER T SULLIVAN
615 EAST CAROLINE ST
PLAIN DEALING, LA 71064

Operator ID: 31866
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL D SULLIVAN
101 STELLY ST
ARNAUDVILLE, LA 70512

Operator ID: 42789
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DARYL SUMMERS
445 SUMMERS ROAD
RAYVILLE, LA 71269

Operator ID: 10556
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM A SUMRALL
7121 CURTIS LN
LAKE CHARLES, LA 70607

Operator ID: 37649
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GARY W SURLES
308 BAUGHMAN LAKE DRIVE
FARMERVILLE, LA 71241

Operator ID: 8212
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SHANNON T SUTTON
4037 ROBERT ST
ZACHARY, LA 70791

Operator ID: 10757
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN W SUTTON
308 STOW CREEK ROAD
RUSTON, LA 71270

Operator ID: 8524
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANTHONY M SWAN
7100 HIGHWAY 44
GONZALES, LA 70737

Operator ID: 42442
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM R SWEET
12722 DARBY DR
WALKER, LA 70785

Operator ID: 31666
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

FRANK A SWETLEDGE
37301 WALKER NORTH RD
WALKER, LA 70785

Operator ID: 5587
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEPHEN P SWETLEDGE
30641 WALKER NORTH RD
WALKER, LA 70785

Operator ID: 5673

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CALVIN C SWINEA
1002 NAOMI CT
SLIDELL, LA 70461

Operator ID: 5143

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLAUDE M SWOPE
1219 E. HOUSTON RIVER RD
SULPHUR, LA 70663

Operator ID: 11314
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM B SYKES
2186 HWY 477
NATCHITOCHES, LA 71457

Operator ID: 40142
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RODNEY SYLVE
PO BOX 1662
LACOMBE, LA 70445

Operator ID: 18009
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PATRICK J SYLVE
P.O. BOX 92
PORT SULPHUR, LA 70083

Operator ID: 24886
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BENNY E SYLVEST
357 WREN RD
DERIDDER, LA 70634

Operator ID: 4316
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TODD A TABOR
709 RODER ST
BERWICK, LA 70342

Operator ID: 21326
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRIAN J TABOR
POST OFFICE BOX 712
AMELIA, LA 70340

Operator ID: 4321
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RAY P TALBERT
4644 CAMELOT DRIVE
NEW ORLEANS, LA 70127

Operator ID: 4325
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TODD A TALBOT
1101 LOBDELL AVE
BATON ROUGE, LA 70806

Operator ID: 9767
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KERT D TALLEY
212 DAYNA DR
CARENCRO, LA 70520

Operator ID: 42785
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SANDY R TANKERSLEY
40 HOOD BLVD
FLORIEN, LA 71429

Operator ID: 12854
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH S TANNER
1285 ANTIOCH RD
HOUMA, LA 71040

Operator ID: 11296
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SEARS V TANNER
175 LAKEVIEW DR
LEESVILLE, LA 71446

Operator ID: 8693
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WADE P TARRENCE
PO BOX 92
POINTE-A-LA-HACHE, LA 70082

Operator ID: 4339
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BERNELL TASSIN
P O BOX 2823
RESERVE, LA 70084

Operator ID: 27426
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CLARENCE TASSIN, JR
POST OFFICE BOX 249
RESERVE, LA 70084

Operator ID: 37627

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEFFREY P TASSIN
1860 FAUSTINE COURT
LUTCHER, LA 70071

Operator ID: 4341
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FERRIS TASTET
203 ELDERBERRY DR
LULING, LA 70070

Operator ID: 8475
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JANAYE D TATE
3136 LANCELOT DR
BATON ROUGE, LA 70816

Operator ID: 32029
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM H TATUM
3436 CASA GRANDE
BATON ROUGE, LA 70814-4813

Operator ID: 8077
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KYLE J TAYLOR
669 OSCAR RIVETTE ROAD
ARNAUDVILLE, LA 70512

Operator ID: 10625
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRANDON S TAYLOR
151 DIXIE DR
DES ALLEMANDS, LA 70030

Operator ID: 11108
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LATEEF T TAYLOR
3511 7TH STREET
ALEXANDRIA, LA 71302

Operator ID: 11297
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JASON D TAYLOR
14820 TOWN DRIVE
BATON ROUGE, LA 70810

Operator ID: 12036
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JEFFERY L TAYLOR
3 HARMON RD
SULPHUR, LA 70663

Operator ID: 19226

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENYA T TAYLOR
2123 WOODLAND CT
PORT ALLEN, LA 70767

Operator ID: 27909
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TRAVIS W TAYLOR
20816 HWY 40
BUSH, LA 70431

Operator ID: 35686
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL G TAYLOR
5261 DONAHUE FERRY ROAD
PINEVILLE, LA 71360

Operator ID: 35888
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HUGH M TAYLOR
2850 GARDERE LANE
BATON ROUGE, LA 70820

Operator ID: 4349
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KEITH E TAYLOR
44185 FERN ST
HAMMOND, LA 70403

Operator ID: 5921
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WAYNE P TAYLOR
POST OFFICE BOX 70
BREAUX BRIDGE, LA 70517

Operator ID: 6465
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PATRICK W TAYLOR
134 STANLEY ROAD
STONEWALL, LA 71078

Operator ID: 8215
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN W TAYLOR
907 WEST OLIVE ST
WEST MONROE, LA 71292

Operator ID: 9744
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TREY TELANO
PO BOX 7237
MONROE, LA 71211

Operator ID: 10941

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRISTOPHER A TELANO, JR
2831 HWY 34
WEST MONROE, LA 71292

Operator ID: 37727
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID J TEMPANARO
59100 POSTELL AVE
PLAQUEMINE, LA 70764

Operator ID: 41162

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

WASTEWATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ADAM J TEMPLET
139 SCHOOL LANE
THIBODAUX, LA 70301

Operator ID: 40323
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HENRY M TEMPLET
PO BOX 163
LABADIEVLE, LA 70372

Operator ID: 4364
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD R TEMPLET
43481 HELEN LN
ST AMANT, LA 70774

Operator ID: 5106
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WYMON W TERRELL
141 BUCK TERRELL ROAD
ELMER, LA 71424

Operator ID: 7755
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DARREN M TERRITA
125 PLEASANT VALLEY
DES ALLEMANDS, LA 70030

Operator ID: 4370

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JASON A TERRY
17188 AIRLINE HWY
SUITE M-157
PRAIRIEVILLE, LA 70759

Operator ID: 11795

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH L TERRY
717 REX POOLE ROAD
HARRISONBURG, LA 71340

Operator ID: 6467
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEPHEN V TESVICH
122 MIRE COURT
SLIDELL, LA 70458

Operator ID: 4375

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HERMAN W THEODORE
716 CARROLLWOOD VILLAGE
APT 50
NEW ORLEANS, LA 70056

Operator ID: 7720
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CRAIG J THERIOT
1047 DEVILLIER STREET
HENDERSON, LA 70517

Operator ID: 25908

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIAM G THERIOT
4949 VEROT SCHOOL RD
YOUNGVILLE, LA 70592

Operator ID: 27526

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KIMBERLY THERIOT
17826 WEST LA HWY 82
ABBEVILLE, LA 70510

Operator ID: 36194
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

IVY R THERIOT
628 MARMANDE STREET
HOUMA, LA 70363

Operator ID: 5043
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES E THERIOT
204 BICKERTON DR
LAFAYETTE, LA 70508

Operator ID: 5148
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KONRAD L THERIOT
PO BOX 150
MAIL ROUTING BLDG 8010
BATON ROUGE, LA 70817

Operator ID: 7647

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 2

20.00

WATER TREATMENT 3

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WARREN J THERIOT
POST OFFICE BOX 150
MAIL ROUTING BLDG 8010
PLAQUEMINE, LA 70765-0150

Operator ID: 8500
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SCOTT A THIBODAUX
108 EMERALD PARK DR
THIBODAUX, LA 70301

Operator ID: 10327

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARY N THIBODAUX
316 PATTERSON ST
HOUMA, LA 70363

Operator ID: 4383

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 2

20.00

WATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WAYNE P THIBODEAUX, JR
3906 DAVIS ROAD
NEW IBERIA, LA 70560

Operator ID: 10664
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER PRODUCTION 2	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WAYNE J THIBODEAUX
POST OFFICE BOX 990
GRAY, LA 70359

Operator ID: 11298
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL THIBODEAUX
2511 GLENLEA STREET
LAKE CHARLES, LA 70605

Operator ID: 11889
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID A THIBODEAUX
3970 HWY 14 LOT 21
LAKE CHARLES, LA 70607

Operator ID: 15987
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

COREY THIBODEAUX
1686 L'ANSE AUK PAILLES
VILLE PLATTE, LA 70586

Operator ID: 27347

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

WATER PRODUCTION 1

10.00

WATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MELISSA M THIBODEAUX
4554 HWY 569
FERRIDAY, LA 71334

Operator ID: 41762
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRANDON S THIBODEAUX
9622 BARATARIA BLVD
MARRERO, LA 70072

Operator ID: 42786
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CURTIS J THIBODEAUX
2940 SOUTH FIELDSPAN ST
DUSON, LA 70529

Operator ID: 4386
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

AUGUST THIBODEAUX
2940 SOUTH FIELDSPAN ST
DUSON, LA 70529

Operator ID: 4389
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEVEN M THIBODEAUX
910 OLGA STREET
RAYNE, LA 70578

Operator ID: 4394
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SCOTT A THIBODEAUX
239 N BARRIOS STREET
LOCKPORT, LA 70374-2203

Operator ID: 4400
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BLANE C THIBODEAUX
2940 SOUTH FEILDSPAN ROAD
DUSON, LA 70529

Operator ID: 5209
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL THIBODEAUX
6014 N UNIVERSITY
CARENCRO, LA 70520

Operator ID: 5594
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BRENT A THIBODEAUX
407 LAUREN DRIVE
SCOTT, LA 70583

Operator ID: 8519
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NATHANIEL THIERRY
1645 DUPRE RD
OPELOUSAS, LA 70570

Operator ID: 4405
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GRADY L THIGPEN
31391 HWY 36
LACOMBE, LA 70445

Operator ID: 4406
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRYAN B THOMAS
511 LAKESIDE DE
MONROE, LA 71203

Operator ID: 10335
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SIDNEY J THOMAS, JR
1039 EAGLE STREET
FRANKLIN, LA 70538

Operator ID: 11486

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HERBERT R THOMAS
3410 SEVERN AVE APT 607
METAIRIE, LA 70002-6508

Operator ID: 11534
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LARRY R THOMAS
16464 LONG LAKE DR.
PRAIRIEVILLE, LA 70769-4294

Operator ID: 12185
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TERRANCE J THOMAS
3809 DEERRUN LN
HARVEY, LA 70058

Operator ID: 16226
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ARTHUR M THOMAS
14236 INTREPID ST
NEW ORLEANS, LA 70120

Operator ID: 20418
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 3	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VINCENT A THOMAS
102 ROSEMARY ST
FRANKLIN, LA 70538

Operator ID: 26986
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LETTYE D THOMAS
925 10TH ST
FRANKLIN, LA 70538

Operator ID: 27048
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL D THOMAS
P O BOX 21
WHITE CASTLE, LA 70788

Operator ID: 31526
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CYNTHIA D THOMAS
13624 CYPRESS RIDGE AVE
BATON ROUGE, LA 70817

Operator ID: 31710
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENYA D THOMAS
PO BOX 2
INDEPENDENCE, LA 70443

Operator ID: 32030
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FRERIKA S THOMAS
2014 CADBURY CASTLE LANE
FRESNO, TX 77545-1704

Operator ID: 32906
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GREGORY G THOMAS
756 W PLAINS-PORT HUDSON
ZACHARY, LA 70791

Operator ID: 38190
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHARLES M THOMAS
PO BOX 230
HEFLIN, LA 71039

Operator ID: 4422

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SCHMELLING A THOMAS
P.O. BOX 924
VILLE PLATTTE, LA 70586

Operator ID: 4423

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN L THOMAS
9165 SAN LO DRIVE
BATON ROUGE, LA 70815

Operator ID: 4427
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DWAYNE C THOMAS
663 MICHEAL ST
MARRERO, LA 70072

Operator ID: 8412
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DARRELL L THOMAS
3611 FREDERICK ST
SHREVEPORT, LA 71109

Operator ID: 9000
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL L THOMPSON
36457 MANCHAC TRACE AVE
PRAIRIEVILLE, LA 70769

Operator ID: 10761
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RUSSELL H THOMPSON
145 THOMPSON RD
DUBACH, LA 71235

Operator ID: 12855
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM H THOMPSON
P.O. BOX 514
JUNCTION CITY, LA 71749

Operator ID: 13970
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KRISTOPHER L THOMPSON
215 LAKE TAHOE DRIVE
SLIDELL, LA 70461

Operator ID: 29046
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT L THOMPSON
3104 TERRACE AVENUE
SLIDELL, LA 70458

Operator ID: 4434
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ADAM THOMPSON
39140 HWY 929
PRAIRIEVILLE, LA 70769

Operator ID: 4438
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JERRY L THOMPSON
2020 NORTH HEARNE AVE
APT. 404
SHREVEPORT, LA 71107

Operator ID: 4440

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM M THOMPSON, JR
PO BOX 1811
HAMMOND, LA 70404

Operator ID: 4441
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TOMMY L THOMPSON
13415 HWY. 4
BIENVILLE, LA 71008

Operator ID: 6469
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID M THOMPSON
10427 HWY 8
COLFAX, LA 71417

Operator ID: 7301
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WESLEY THOMPSON
53125 OLD UNEEDUS ROAD
FOLSOM, LA 70437

Operator ID: 9746

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GREGORY S THORN
POST OFFICE BOX 228
GEISMAR, LA 70734

Operator ID: 9632
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL L THORNTON
POST OFFICE BOX 181
ZACHARY, LA 70791

Operator ID: 10763
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES M THRASHER
114 BARNES DAIRY ROAD
WEST MONROE, LA 71291

Operator ID: 37008
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BYRON H THRONSON
3212 LOREAUVILLE RD
NEW IBERIA, LA 70563

Operator ID: 7648
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SAMUEL M THURMON
660 BUD FARRAR ROAD
LILLIE, LA 71256

Operator ID: 9004
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CURTISS W THURSTON
5730 LAKE SHADOW DR
BATON ROUGE, LA 70817

Operator ID: 38270
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SYLVESTER J TIBBIT
903 KINGS RD
LEESVILLE, LA 71446

Operator ID: 31053
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GERALD TILTON
2408 E. SUNNY MEADE DR
HARVEY, LA 70058

Operator ID: 4450
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMIE R TIMBERLAKE
510 ATEs RD
PINEVILLE, LA 71360

Operator ID: 10584
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL E TIMMONS
2943 CVOC RD
SAREPTA, LA 71071

Operator ID: 8701
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

NATHAN M TIMMONS
2946 CVOC RD
SAREPTA, LA 71071

Operator ID: 8702
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TRENT A TINSON, SR
PO BOX 282
POINTE-ALA-HACHE, LA 70082

Operator ID: 4453
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MELVIN A TOALSTON, JR
127 CROOM ST
MOORINGSPORT, LA 71060

Operator ID: 10675
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MELVIN A TOALSTON, SR
P O BOX 425
MOORINGSPORT, LA 71060

Operator ID: 11546
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES D TOLBERT
POST OFFICE BOX 71
DEVILLE, LA 71328-0071

Operator ID: 6339
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LISA T TONEY
PO BOX 246
NEW LLANO, LA 71461

Operator ID: 39190
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANIEL L TONEY
P O BOX 246
NEW LLANO, LA 71461

Operator ID: 39210
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TODD A TORREGANO
28490 OAK KNOLL ROAD
ABITA SPRINGS, LA 70420

Operator ID: 10935
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOEL A TORRES
158 THOROUGHbred
LAPLACE, LA 70068

Operator ID: 27427
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NATHAN J TORTORICH
1211 FEDERAL AVE
MORGAN CITY, LA 70380

Operator ID: 6169
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEREMY W TOUCHET
11515 GERILYN DR
ERATH, LA 71533

Operator ID: 36483
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID P TOUPS
1947 JEAN LAFITTE BLVD
LAFITTE, LA 70067

Operator ID: 13906
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PROSPER J TOUPS, JR
513 FORREST BLVD
HOUMA, LA 70360

Operator ID: 4474
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRIAN TOWNSEND
SHELL CHEMICAL LP
7594 HWY 75
GEISMAR, LA 70734

Operator ID: 28186
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JON K TOWNSEND
POST OFFICE BOX 5337
BOSSIER CITY, LA 71171

Operator ID: 7612
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GERALD L TRAHAN
2639 MILLER AVENUE
WESTLAKE, LA 70669

Operator ID: 10972
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAMON J TRAHAN
7151 WILSON ROAD
MAURICE, LA 70555

Operator ID: 11799
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID M TRAHAN
P O BOX 922
LAKE ARTHUR, LA 70549

Operator ID: 16566
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TRENT F TRAHAN
2201 OLD SPANISH TRAIL
WESTLAKE, LA 70669

Operator ID: 24915
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH E TRAHAN
1004 TWIN OAKS DR
ARNAUDVILLE, LA 70512

Operator ID: 5196
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARY V TRAHAN
PO BOX 145
BOURG, LA 70343

Operator ID: 5340
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRIAN K TRAHAN
157 BURLESON
SULPHUR, LA 70665

Operator ID: 6470
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ANDY TRAHAN
100 UTOPIA
DUSON, LA 70529

Operator ID: 7390
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROY B TRAMMELL, JR
42169 STONE RIDGE AVENUE
PRAIRIEVILLE, LA 70769

Operator ID: 11928
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HIEP V TRAN
715 WINDING WILLOWS
BOSSIER, LA 71111

Operator ID: 17446
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TROY A TRANCHANT
336 PELLERIN DRIVE
KENNER, LA 70065

Operator ID: 5963
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIAM L TRAVIS
1905 W THOMAS ST
D163
HAMMOND, LA 70401

Operator ID: 11300

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSHUA I TREGRE
1603 ST MARY
THIBODAUX, LA 70301

Operator ID: 40324
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RANDY J TRICHE
283 BLUE BAYOU LN
HOUMA, LA 70364

Operator ID: 10665
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TERRELL S TRICHELL
4958 NORTH FLORENCE AVE
PORT ALLEN, LA 70767

Operator ID: 37806
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAWANDA L TRIMONT
2920 ORLEANS AVE
NEW ORLEANS, LA 70119

Operator ID: 31066
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KYLE P TROSCLAIR
43501 BAYOU NARCISSE
GONZALES, LA 70737

Operator ID: 10986

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD TROTTER
7660 WAVE DR
NEW ORLEANS, LA 70128

Operator ID: 8376
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHAD M TROXCLAIR
114 BEAU PLACE BLVD
DES ALLEMANDS, LA 70030

Operator ID: 8479
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRYANT J TROXLER
43233 SYCAMORE BEND AVE
GONZALES, LA 70737

Operator ID: 27428
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JACOB O TROXLER
104 AOUEDUCT DR
MONTZ, LA 70068

Operator ID: 42303
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONDI C TROXLER
207 BEAU PLACE
DESALLEMANDS, LA 70030

Operator ID: 4511
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ANGELA D TROXLER
207 BEAU PLACE BLVD
DES ALLEMANDS, LA 70030-3447

Operator ID: 6293
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

THOMAS W TUCK
755 OLD HIGHWAY
MANSFIELD, LA 71052

Operator ID: 4514

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH C TUCKER
4520 SCARBOROUGH DR
APT.2103
BATON ROUGE, LA 70814

Operator ID: 31087
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ADRIANNE A TUCKER
4404 CANAL ST. APT 112
LAKE CHARLES, LA 70605

Operator ID: 40446
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM J TULLIER, II
4638 RAYMOND LAHAUVE RD
BRUSLY, LA 70764

Operator ID: 37815
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JACOB A TUNE
4618 KENT RD
SHREVEPORT, LA 71017

Operator ID: 10676
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BOBBY J TUNWAR
2114 LINDA DR
WESTLAKE, LA 70669

Operator ID: 1335
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID J TURNAGE
405 CHARLES COURT
SLIDELL, LA 70458

Operator ID: 10780
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PATRICK G TURNAGE
213 HAVENS RD
ELMER, LA 71424-8706

Operator ID: 25912
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DONALD S TURNAGE
443 LAGONDA ST
MORGAN CITY, LA 70380

Operator ID: 4523
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN R TURNAGE
280 HARPER ROAD
HINESTON, LA 71438

Operator ID: 4524
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RONALD V TURNER
2817 HWY 361
EVERGREEN, LA 71333

Operator ID: 11111
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WENDELL K TURNER
PO BOX 166
PORT SULPHUR, LA 70083

Operator ID: 11156
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LATOYA A TURNER
625 HERALD ST
NEW ORLEANS, LA 70131

Operator ID: 20419
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARDRICK D TURNER
115 JENNIFER LN APT C
MONROE, LA 71203

Operator ID: 24606
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN T TURNER
9458 WALTER SMITH ROAD
NEW ROADS, LA 70760

Operator ID: 30647
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KYLE D TURNER
17502 LAKE CT
GREENWELLSPRINGS, LA 70739

Operator ID: 33006
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANTHONY TURNER
POST OFFICE BOX 1298
PORT SULPHUR, LA 70083

Operator ID: 4525
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RONALD R TURNER
35 W ELMWOOD
MONROE, LA 71202

Operator ID: 5081
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JESSE L TURNER
62 SCARBROCK LANE
OTIS, LA 71466

Operator ID: 6145
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROSS B TURPIN
260 ARTHUR VINCENT RD
SULPHUR, LA 70665-7900

Operator ID: 13073
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TIFFANY K TUVELL
721 MILLER
SULPHUR, LA 70663

Operator ID: 32226
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DENNIS R TWEEDY
4328 IDLEWILD ROAD
CLINTON, LA 70722

Operator ID: 4535
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAREYL D TYLER
67 NATION ROAD
DEVILLE, LA 71328

Operator ID: 31067

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID K TYLER
211 PAULETTE ST
HOUMA, LA 70364

Operator ID: 4536
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CALVIN J TYLER
558 AVENUE A
OPELOUSAS, LA 70570

Operator ID: 4537

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PAUL F TYNES
474 LAIRD FLETCHER RD
NATCHITOCHES, LA 71457

Operator ID: 4540
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARK M TYNES
520 LAIRD FLETCHER RD
NATCHITOCHES, LA 71457

Operator ID: 5887
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TIMOTHY W ULMER
616 HWY 610
WINNSBORO, LA 71295

Operator ID: 11824
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIAM T ULMER
227 JACKSON LN
GILBERT, LA 71336

Operator ID: 7924
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JONATHAN N USSERY
1201 GIRAD ST
MANDEVILLE, LA 70448

Operator ID: 40425
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT J UTLEY
525 ELEVENTH STREET
WESTWEGO, LA 70094

Operator ID: 4547
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PATRICIA A VALEGA
PO BOX 569
DIVERSION WATER COMPANY
PRAIRIEVILLE, LA 70769

Operator ID: 4550

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PARRISH C VALEGA
PO BOX 569
DIVERSION WATER COMPANY
PRAIRIEVILLE, LA 70769

Operator ID: 4551
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ORVILLE J VALLET
P O BOX 906
LIVONIA, LA 70755

Operator ID: 5115
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DEREK W VAN NORMAN
PO BOX 1826
KINDER, LA 70648

Operator ID: 8706
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARION E VAN TASSEL
2839 LILIEDAHL RD
DERIDDER, LA 70634

Operator ID: 4559
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CLAY A VAN VECKHOVEN
23430 BOSS MCNABB ROAD
LIVINGSTON, LA 70754-5201

Operator ID: 7639

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 4

20.00

WASTEWATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOSEPH C VANMARCKE
POST OFFICE BOX 1053
THIBODAUX, LA 70301

Operator ID: 4980

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEONARD F VANOSS
POST OFFICE BOX 5337
BOSSIER CITY, LA 71171

Operator ID: 4558
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PHILLIP L VANSICKLE
676 LAKE TRACE RD
CONVERSE, LA 71419

Operator ID: 41862

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GLORIA J VANTREE
POST OFFICE BOX 338
BOYCE, LA 71409

Operator ID: 7039
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KEVIN R VANZANT
P O BOX 182
MANSFIELD, LA 71052

Operator ID: 34806

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLINTON C VAUGHN
20590 WALKER SOUTH RD
DENHAM SPRINGS, LA 70726-7620

Operator ID: 33066
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NORA J VAUGHN
1770 CR 3340
JOAQUIN, TX 75954

Operator ID: 5052
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ELBERT VAUGHN, JR
1436 GRACE AVE.
NATCHITOCHES, LA 71457

Operator ID: 6281

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DAVID R VEAZEY
9398 PORRIER RD
ST AMANT, LA 70771

Operator ID: 36197
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JILL M VEILLION
826 ARKANSAS ST
MORGAN CITY, LA 70380

Operator ID: 10766
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KIRK P VENABLE
502 KEVIN DRIVE
LAFAYETTE, LA 70507

Operator ID: 4573
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LUIS A VERGARA
55136 WILLOWTREE RD
MARRERO, LA 70072

Operator ID: 4576
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM D VERNON
POST OFFICE BOX 39
HUSSER, LA 70442

Operator ID: 11125
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER PRODUCTION 2	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ERIC A VERNON
PO BOX 39
HUSSER, LA 70442

Operator ID: 39430
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RUSIEVELT VESSEL, JR
P O BOX 212
GEISMAR, LA 70734

Operator ID: 26229
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD G VEST
4618 WILSHIRE LN
SULPHUR, LA 70665

Operator ID: 36671
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CORY M VIAL
109 THOROUGHBRE AVE
MANTZ, LA 70068

Operator ID: 37228
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LEON F VIAL
116 MIMOSA AVENUE
LULING, LA 70070

Operator ID: 7925

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 3

20.00

WASTEWATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DANA B VIATOR
4010 STELLY RD
NEW IBERIA, LA 70560

Operator ID: 4581

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TERRY J VICE
1611 STEVENSON ST
VINTON, LA 70668

Operator ID: 7305

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT E VICKNAIR
39241 ROSARYVILLE RD
PONCHATOULA, LA 70454

Operator ID: 24748
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

AARON VICKNAIR
P O BOX 392
LUTCHER, LA 70071

Operator ID: 36519
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KENNETH J VICKNAIR
200 EAST 12TH EXTENSION
RESERVE, LA 70084

Operator ID: 38590

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CARL J VICKNAIR, JR
18785 LAKE HARBOR LANE
PRAIRIEVILLE, LA 70769

Operator ID: 40303
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRISTOPHER VICKNAIR
2045 COLONIAL DR
LAPLACE, LA 70068

Operator ID: 4588
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EUGENE J VICTOR
601 18TH ST
LAKE CHARLES, LA 70615

Operator ID: 38913
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 2	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ZANE P VICTORIAN
PO BOX 254
WESTLAKE, LA 70669

Operator ID: 25926
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

AL K VIDRINE
14024 CAMPISI DRIVE
ABBEVILLE, LA 70510

Operator ID: 7750
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOHN E VIGE
298 HOLBROOK PARK RD
DEQUINCY, LA 70633

Operator ID: 5388

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GABRIEL J VIGO
4133 HARVARD ST
LAKE CHARLES, LA 70607

Operator ID: 28589
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TROY S VILARDO
2026 MUSKRAT RD
MORSE, LA 70559

Operator ID: 30046
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN W VINCENT
2839 ALLEN RD
MAURICE, LA 70555

Operator ID: 4606
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ISAAC T VINCENT, JR
P O BOX 265
ANGOLA, LA 70712

Operator ID: 6211
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

THOMAS A VINES, JR
715 OUAIL RD
CONVERSE, LA 71419

Operator ID: 11748
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ERIC N VINNETT
217 TURTLE CREEK LN
ST ROSE, LA 70087

Operator ID: 35586
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID W VINSON
88 RIVER BLUFF DR
MADISONVILLE, LA 70447

Operator ID: 4615

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEONARD VIRDURE, JR
4464 WASHINGTON AVENUE
BATON ROUGE, LA 70802

Operator ID: 4616
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN VITRANO
3013 DE BOUCHEL BLVD
MERAUX, LA 70075

Operator ID: 10781
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KEVIN T VIZCARRONDO
404 20TH STREET APT# 1
GRETNA, LA 70053

Operator ID: 11488

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

PERCY A VOISIN
1401 MAXINE STREET
HOUMA, LA 70363

Operator ID: 5678
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ANNA M VOLLENWEIDER
PO BOX 425
WALKER, LA 70785

Operator ID: 41127

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PAUL A VONDENSTEIN
305 KATHY DR
RAYNE, LA 70578

Operator ID: 33086
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRAD G VOSBURGH
921 KEMPER ROAD SOUTH
FRANKLIN, LA 70538

Operator ID: 35086
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM R WACHTEL
1528 DEBRA STREET
BOSSIER CITY, LA 71111

Operator ID: 33806
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMIE D WADDELL
25116 DELAUNE RD
LORANGER, LA 70446

Operator ID: 24848
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GEORGE W WAGONER
POST OFFICE BOX 521
POLLOCK, LA 71467

Operator ID: 6861
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CLINTON P WAGUESPACK
12306 RIVER HIGHLANDS DR
ST AMANT, LA 70774

Operator ID: 14250
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JADE M WAGUESPACK
601 PINE ST
THIBODAUX, LA 70301

Operator ID: 40423
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DALE J WAGUESPACK
409 NORTH PINE AVENUE
GRAMERCY, LA 70052

Operator ID: 7749

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 4

20.00

WATER PRODUCTION 2

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KENNETH R WAINWRIGHT
305 NORTH GIROUARD
BROUSSARD, LA 70518

Operator ID: 11750

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 3

20.00

WASTEWATER TREATMENT 2

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES C WALDON
231 NATION RD
DEVILLE, LA 71328

Operator ID: 6138
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RHONDA C WALDROP
2256 CAROLYN AVE
DENHAM SPRINGS, LA 70726

Operator ID: 21306

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROLANDA M WALDROUP
4025 WOODCREST ST
LAKE CHARLES, LA 70605

Operator ID: 10497
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

HERBERT WALK, III
1600 TEXAS AVE
MONROE, LA 71201

Operator ID: 33106

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL K WALKER
PO BOX 1082
WALKER, LA 70785

Operator ID: 10341
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES L WALKER
913 OLA ST
ALEXANDRIA, LA 71303

Operator ID: 10850
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

IVY WALKER, III
627 EAST JEANETTE
CROWLEY, LA 70526

Operator ID: 11875

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RONALD W WALKER
27299 MILITARY ROAD
ANGIE, LA 70426

Operator ID: 28747
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KUNTA K WALKER
P.O. BOX 2456
JENA, LA 71342

Operator ID: 28969
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WALLACE C WALKER
44617 TOB WILSON ROAD
FRANKLINTON, LA 70438

Operator ID: 30329
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WAYNE A WALKER
115 SPRING STREET
LAKE CHARLES, LA 70605

Operator ID: 4640
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NEIL R WALKER
1355 CHAD STREET
MANDEVILLE, LA 70448

Operator ID: 5114
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

FRED E WALKER
339 COOPER ROAD
MERRYVILLE, LA 70653

Operator ID: 6334

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHRISTOPHER J WALKER
159 MC DONALD
HEFLIN, LA 71039

Operator ID: 8222
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SHAWN C WALKER
148 DURAND ROAD
ELMER, LA 71424

Operator ID: 8370
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD A WALKER
129 BRICE ROAD
BIENVILLE, LA 71008

Operator ID: 8711
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLIFTON O WALKER, JR
502 WEST 77TH STREET
SHREVEPORT, LA 71106

Operator ID: 9007
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD E WALL
178 JOHNNY CHEVALLIER RD
DOWNSVILLE, LA 71234

Operator ID: 39310
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARK D WALLACE
9317 THAYER AVE
BATON ROUGE, LA 70810

Operator ID: 20026

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

WASTEWATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GREGORY J WALLACE
112 NORTH MESS DRIVE
HOUMA, LA 70363

Operator ID: 29727
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DONALD E WALLACE, II
8039 FERNWOOD CIRCLE
HAUGHTON, LA 71037

Operator ID: 40182
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SHANNON D WALLACE
7555 CHOCTAW ROAD
BRUSLY, LA 70719

Operator ID: 42729
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL R WALLETTE
707 PINE ACRES RD
SHREVEPORT, LA 71107

Operator ID: 6862
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GRANT R WALSH
POST OFFICE BOX 108
LULING, LA 70070

Operator ID: 4645

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRENDEN L WALTER
3240 SPURGIN RD
DOYLINE, LA 71023

Operator ID: 40746
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES H WALTERS, JR
16221 PERNECIA AVE
GREENWELL SPRINGS, LA 70739

Operator ID: 22666
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JANICE J WALTERS
3640 FOREST PARK LANE
NEW ORLEANS, LA 70131

Operator ID: 4648
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KEVIN D WALTERS
73 HENDERSON ROAD
FOREST HILL, LA 71430

Operator ID: 8713
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ERIC J WALTON
10136 AUTUMN CT
DENHAM SPRINGS, LA 70726-1818

Operator ID: 25247
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

THOMAS WALTON, CET
1051 MAYWOOD ST
DENHAM SPRINGS, LA 70726

Operator ID: 4650
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SHAWN D WARD
10186 RAWLINGS RD
PRAIRIEVILLE, LA 70769

Operator ID: 11988

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

WASTEWATER TREATMENT 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WILLIE E WARD
P.O. BOX 9265
MONROE, LA 71211

Operator ID: 28290

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL S WARD, JR
4014 HWY 8
POLLOCK, LA 71467

Operator ID: 30426
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN P WARD
5862 GLENWOOD DRIVE
BATON ROUGE, LA 70806

Operator ID: 5113
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES H WARDLOW
116 SMITH AVENUE
MONROE, LA 71270

Operator ID: 35206
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CARLTON J WARE
44098 CRISP RD
HAMMOND, LA 70403

Operator ID: 5967
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEVEN WARE
2015 PONDEROSA PLACE
MANDEVILLE, LA 70448

Operator ID: 7725
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 2	20.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EDWARD WARE
560 GELPI AVE
JEFFERSON, LA 70121

Operator ID: 8383
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LARRY W WARFIELD
839 APT -A STANDIFER AVE
MONROE, LA 71202

Operator ID: 24611
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DENIS R WARING
19429 LANIER CREEK RD
LORANGER, LA 70446

Operator ID: 36348
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TEA J WARMSLEY
PO BOX 5337
BOSSIER CITY, LA 71171-5337

Operator ID: 4657

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

WWC4 LIMITED

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

HELEN J WARNER WILLIAMSON
143 DUCHESNE
EROS, LA 71238

Operator ID: 6280

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BLAKE N WARREN
77428 ROBINSON RD
FOLSOM, LA 70437

Operator ID: 21266
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NAKIA D WARREN
4967 NW EVANGELINE THWY
CARENCRO, LA 70520

Operator ID: 39925
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRIS P WARREN
2290 NORTH CROSS DRIVE
SHREVEPORT, LA 71107

Operator ID: 4660

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM E WARREN
17492 HWY 631
DES ALLEMANDS, LA 70030

Operator ID: 6261
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICHARD WARREN
864 JACKSON ROAD
SIMSBORO, LA 71275

Operator ID: 8714
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ABIMLISH WASHINGTON
8005 ARCADIAN SHORES DR
BOSSIER CITY, LA 71171-5337

Operator ID: 10062
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DEVON A WASHINGTON
P.O. BOX 1153
DESTREHAN, LA 70047

Operator ID: 14850
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BARBARA WASHINGTON
144 EMILE ST
OPELOUSAS, LA 70570

Operator ID: 20534
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SCOTT M WASHINGTON
1943 TENNESSEE ST
NEW ORLEANS, LA 70117

Operator ID: 35426
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GEORGE WASHINGTON
POST OFFICE BOX 6921
SHREVEPORT, LA 71136

Operator ID: 5629
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ALCIDE M WASHINGTON
104 NORTH MANOR DRIVE
LAFAYETTE, LA 70501

Operator ID: 7926
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

THOMAS D WASSON
21211 LIVING WATERS ROAD
LORANGER, LA 70446

Operator ID: 34686

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM E WATERS
4762 DOWD RD.
COLLINGTON, LA 71229

Operator ID: 24626
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES R WATERS
290 CANAL LANE
WINNFIELD, LA 71483

Operator ID: 4671
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CLEO WATERS, JR
9467 WILLOW DRIVE
BASTROP, LA 71220

Operator ID: 5161

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

AARON R WATKINS
PO BOX 302
DRY CREEK, LA 70637

Operator ID: 34586
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JIMMY W WATKINS
10411 ARKANSAS ST
BASTROP, LA 71220

Operator ID: 4677
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEFF D WATSON
6251 SMITH LANE
SPORT, LA 71107

Operator ID: 10768
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ARNOLD Q WATSON
PO BOX 361
FRANKLIN, LA 70538

Operator ID: 39110
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN T WATSON
129 WICKER DR
TALLULAH, LA 71282

Operator ID: 5540
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LINDA J WATSON-TASSIN, MS
617 E MCNEESE ST
LAKE CHARLES, LA 70607

Operator ID: 1437
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT W WATTS
114 E GILMAN
LAFAYETTE, LA 70501

Operator ID: 7040
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RUSSELL L WATTS
20121 LA 42
LIVINGSTON, LA 70754

Operator ID: 9585
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID C WATTS
29077 SOUTH RANGE ROAD
LIVINGSTON, LA 70754

Operator ID: 9905
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID E WAY
P OBOX 864
SPRINGHILL, LA 71075-0864

Operator ID: 7617

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER COLLECTION 3

20.00

WASTEWATER TREATMENT 3

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DOCK WEATHERTON
256 LONE OAK DRIVE
SIBLEY, LA 71073

Operator ID: 4686
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ALLEN P WEBER
P O BOX 1412
LULING, LA 70070

Operator ID: 16586
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SEAN C WEBER
3300 ABBOTTSWOOD DR
HARVEY, LA 70058

Operator ID: 35486
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LANCE M WEBER
3324 MAURA STREET
PAULINA, LA 70763

Operator ID: 37227
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLAUDE J WEBRE
1025 SUGGS RD
PORT ALLEN, LA 70767

Operator ID: 33126
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NATHAN P WEBRE
13394 MARGARET ST
VACHERIE, LA 70090

Operator ID: 38551

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH WEBSTER
6881 PARC BRITTANY BLVD
J 304
NEW ORLEANS, LA 70126

Operator ID: 35407
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WAYNE W WEIDERT, JR
617 ROCCAFORTE AVE
GARYVILLE, LA 70051

Operator ID: 27147
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

WADE E WEIDMAN
18250 HILL CROSSING AVE
BATON ROUGE, LA 70817

Operator ID: 24926

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DANIEL K WELBORN
P.O. BOX 5337
BOSSIER CITY, LA 71171-5337

Operator ID: 12243
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GLENN A WELCH
124 PORTIE ROAD
HACKBERRY, LA 70645

Operator ID: 12190

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JARED S WELCH
37 BROWNLEE RD
HINESTON, LA 71438

Operator ID: 25929
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JASON E WELCH
PO BOX 637
DENHAM SPRINGS, LA 70727

Operator ID: 39799
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TRACY A WELLS
167 BUNDRICK RD
SHREVEPORT, LA 71115

Operator ID: 17486

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES A WELLS
365 BYAS RD
ARCADIA, LA 71001

Operator ID: 18566
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL A WELLS
41435 GRESSETT ROAD
PRAIRIEVILLE, LA 70769

Operator ID: 7641
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LEE N WELLS
1393 SPRING LAKE ROAD
HOMER, LA 71040

Operator ID: 9361
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRISTINA WELTER
P.O. BOX 897
ROBERT, LA 70455

Operator ID: 28333
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TINA M WESCOVICH
P O BOX 806
KILN, LA 39556

Operator ID: 37429

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

COTY WEST
1210 AZALEA DR
VILLE PLATTE, LA 70586

Operator ID: 36199
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RICKY W WEST
3387 HWY 117
LEESVILLE, LA 71446

Operator ID: 4719
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARK S WEST
1210 SAWMILL ROAD
VILLE PLATTE, LA 70586

Operator ID: 5755
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DOUGLAS N WESTBERRY
PO BOX 192
LIBUSE, LA 71348

Operator ID: 4723
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RAE A WESTERMAN
PO BOX 61
RACELAND, LA 70394

Operator ID: 9371
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 2	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ERNEST WESTLEY, III
329 PLANTATION DR
KENNER, LA 70062

Operator ID: 4727
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CODY L WESTMORELAND
27230 PATTERSON RD
SPRINGFIELD, LA 70462

Operator ID: 13909
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHARLES F WESTROM
1561 FRENCHMAN'S BEND RD
MONROE, LA 71203

Operator ID: 17926

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT W WHATLEY
811 EAST E STREET
RAYNE, LA 70578

Operator ID: 37091
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DONALD G WHEAT
27179 S SATSUMA ROAD
LIVINGSTON, LA 70754

Operator ID: 11776

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL R WHEAT
29508 FRANK KENNEDY RD
ANGIE, LA 70426

Operator ID: 4731
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

HOUSTON P WHEATON
1016 BRUCE CIRCLE
BREAUX BRIDGE, LA 70517

Operator ID: 6478
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES L WHEELER
9177 OAKWOOD
BASTROP, LA 71221

Operator ID: 4735
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEPHANIE P WHELESS
665 J. ALEXANDER RD
LOGANSPOUT, LA 71049

Operator ID: 35767
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CARLTON R WHITAKER
668 BYSON ROAD
TALLULAH, LA 71282-0000

Operator ID: 7042

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WAYLON K WHITAKER
1742 JESSICA LN
LAKE CHARLES, LA 70611-3750

Operator ID: 8110
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KELVIN Q WHITE
3804 BUFFWOOD DR
BAKER, LA 70714

Operator ID: 11753
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DUTCH WHITE, JR
PO BOX 823
FERRIDAY, LA 71334

Operator ID: 19406
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEREMY R WHITE
5680 HWY 3015
GRAND CANE, LA 71032

Operator ID: 23948
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TREVOR WHITE
5044 FREY STREET
BATON ROUGE, LA 70805

Operator ID: 24167
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

AARON WHITE
3101 ALABAMA STREET
MONROE, LA 71202

Operator ID: 24627
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TOMMY L WHITE, JR
37307 TWIN OAKS DRIVE
DENHAM SPRINGS, LA 70706

Operator ID: 34909
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BENNIE WHITE, III
1839 ALLEN ST
NEW ORLEANS, LA 70116

Operator ID: 35386

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 2

20.00

WATER TREATMENT 2

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GEORGE C WHITE
PO BOX 380
PORT ALLEN, LA 70767

Operator ID: 36347
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DENNIS R WHITE
POBOX 357
SIMPSON, LA 71475

Operator ID: 37783
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GEORGE F WHITE, JR
458 HWY 3101
JONESVILLE, LA 71343

Operator ID: 4749
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LEROY E WHITE
10435 NORTH HARVEY
BATON ROUGE, LA 70815

Operator ID: 4754

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES D WHITE
2117 DELACHAISE ST
NEW ORLEANS, LA 70115

Operator ID: 6080
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LAVON WHITE
253 HWY 160
BENTON, LA 71006

Operator ID: 6116
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JESSE J WHITE, III
923 SOUTHWESTERN DRIVE
CEDAR HILL, TX 75104

Operator ID: 6743
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CYNTHIA A WHITE
1813 BRYN MAWR STREET
ALEXANDRIA, LA 71301

Operator ID: 7043

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BENJAMIN P WHITE
182 WALKER GRAVEL PIT ROA
DRY PRONG, LA 71423

Operator ID: 7929
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

PAUL T WHITE
3500 HOUSTON RIVER ROAD
WESTLAKE, LA 70669

Operator ID: 9758
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID N WHITEHEAD
53347 HWY 424
FRANKLINTON, LA 70438

Operator ID: 12454
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GUY F WHITFIELD, JR
309 FOX CREEK DR
HAUGHTON, LA 71037-9122

Operator ID: 11787

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES C WHITNEY
18180 HWY 585
OAK GROVE, LA 71263

Operator ID: 9009
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLARD A WHITT
861 MC DONALD ROAD
SUGARTOWN, LA 70662

Operator ID: 11785
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WINSTON M WHITTON
745 LE BOEUF ST
NEW ORLEANS, LA 70114

Operator ID: 4766
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES F WICKER
1760 HWY 549
MARION, LA 71260

Operator ID: 31029
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ROBERT C WIDNER
606 CHANDLER DR
BALL, LA 71405

Operator ID: 23946

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMIE M WILEY
208 BEAUBOUF RD
DEVILLE, LA 71320

Operator ID: 25046
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DARREN M WILEY
236 HWY 565
JONESVILLE, LA 71343

Operator ID: 39942
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 2

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID J WILKES
245 BLUEBIRD LANE
AMITE, LA 70422

Operator ID: 10349
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RICKY M WILKES
12015 E SUBDIVISION
PORT ALLEN, LA 70767

Operator ID: 36535
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LOUIS WILLIAMS
205 NOVA SCOTIA
LAFAYETTE, LA 70507

Operator ID: 10136
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STACY W WILLIAMS
15527 SPRINGWOOD AVE
BATON ROUGE, LA 70817

Operator ID: 10636
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER PRODUCTION 2	20.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRIAN D WILLIAMS
P O BOX 98
ERWIN, LA 70729

Operator ID: 10770
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARK T WILLIAMS
32 CYNTHIA STREET
WAGGAMAN, LA 70094

Operator ID: 10837
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 2	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DEDRIC T WILLIAMS
POST OFFICE BOX 2963
ST FRANCISVILLE, LA 70775

Operator ID: 11320
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CLARENCE R WILLIAMS
4211 WINSIDE DR
BAKER, LA 70714

Operator ID: 11490
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MICHAEL A WILLIAMS, JR
428 LEGION DRIVE
MARKSVILLE, LA 71351

Operator ID: 11755
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES WILLIAMS
216 HENDERSON
HOUMA, LA 70364-2844

Operator ID: 12153
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RODRICK C WILLIAMS
4856 CAMELLIA LANE
BOSSIER, LA 71111

Operator ID: 12244
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHRIS A WILLIAMS
21 LARKSPUR LN
WAGGAMAN, LA 70094

Operator ID: 12292
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TIMOTHY T WILLIAMS
121 BULL RUN
PEARL RIVER, LA 70452

Operator ID: 12334
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ORENTHAL J WILLIAMS
P O BOX 547
CARVILLE, LA 70721

Operator ID: 18086
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JACK E WILLIAMS, JR
529 CONCORDIA PARK
VIDALIA, LA 71373

Operator ID: 19426
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SUSAN L WILLIAMS
604 NORTH ST
COLFAX, LA 71417

Operator ID: 19446
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LUCIOUS L WILLIAMS, III
P.O. BOX 1211
PEARL RIVER, LA 70452

Operator ID: 21386
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES WILLIAMS
607 FLORIDA ST
MONROE, LA 71203

Operator ID: 24467
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEROME A WILLIAMS
181 HWY 855
DELHI, LA 71232

Operator ID: 25931
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FRANK W WILLIAMS, JR
P O BOX 402
WHITE CASTLE, LA 70788

Operator ID: 31707
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DWAYNE T WILLIAMS
107 MAGNOLIA MANOR BLVD
BOUTTE, LA 70039

Operator ID: 33146
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEVEN L WILLIAMS
6819 DANIELLE RD
NEW IBERIA, LA 70563

Operator ID: 33329
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DEDRICK D WILLIAMS
131 HEBERT ROAD LOT 62
LAFAYETTE, LA 70506

Operator ID: 36476
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SCOTT E WILLIAMS
409 CROSS ST
PINEVILLE, LA 71360

Operator ID: 38074
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL G WILLIAMS
300 MAGNOLIA
LAKE CHARLES, LA 70601

Operator ID: 39175

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TODD D WILLIAMS
1005 W 23RD ST
COVINGTON, LA 70433

Operator ID: 40766
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DANIEL C WILLIAMS
PO BOX 1936
MANDEVILLE, LA 70470

Operator ID: 40905

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHARLES R WILLIAMS
24015 WILLIAMS LN
BUSH, LA 70431

Operator ID: 42732

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARY L WILLIAMS
1535 RIVER PARKWAY
APT 215
SHREVEPORT, LA 71104

Operator ID: 4784
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JERMAL D WILLIAMS
616 E VERMILION STREET
LAFAYETTE, LA 70501

Operator ID: 4804
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SUSAN W WILLIAMS
201 HOLIDAY BLVD #150
COVINGTON, LA 70433-5013

Operator ID: 4815
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LARRY L WILLIAMS
2714 SALEM ST
KENNER, LA 70062

Operator ID: 4818
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 3	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RONALD L WILLIAMS
612 GREENFIELD DR
ALEXANDRIA, LA 71301

Operator ID: 4828

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DELOS R WILLIAMS, JR
201 HOLIDAY BLVD., STE #1
COVINGTON, LA 70433-5013

Operator ID: 4830

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DOUGLAS E WILLIAMS, SR
P.O. BOX 63
CONVERSE, LA 71419

Operator ID: 5078

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT WILLIAMS, JR
1371 WEST MLK DRIVE EXT
OPELOUSAS, LA 70570

Operator ID: 5224
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 3	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEREMIAH WILLIAMS
4367 THURGOOD CIRCLE
SHREVEPORT, LA 71109

Operator ID: 5308
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MATTHEW L WILLIAMS, JR
437 APACHE TRAIL
SHREVEPORT, LA 71107

Operator ID: 6767

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DARNELL L WILLIAMS
706 BATES RD
FRIERSON, LA 71027

Operator ID: 6868
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GREGORY L WILLIAMS
135 EAST JORDAN
SHREVEPORT, LA 71101

Operator ID: 6869
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JERRY L WILLIAMS
7307 WINDERWEEDLE RD
SIMMSPORT, LA 71129

Operator ID: 6870
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STEVEN D WILLIAMS
5712 BAYOU
BOSSIER CITY, LA 71112

Operator ID: 6871
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

FRANK W WILLIAMS, SR
POST OFFICE BOX 402
WHITE CASTLE, LA 70788

Operator ID: 6916
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH W WILLIAMS
315 CLAIBORNE ST
DONALDSONVILLE, LA 70346

Operator ID: 7044
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NORRIS J WILLIAMS, SR
215 CHAMETTE DR
LAFAYETTE, LA 70501-2150

Operator ID: 7397
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

SUSAN J WILLIAMS
6244 OUITMAN HIGHWAY
QUITMAN, LA 71268-3182

Operator ID: 8224
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CALVIN R WILLIAMS
116 HIGH ST
MINDEN, LA 71055

Operator ID: 8372
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CLAUDE M WILLIAMS
447 SUMLIN RD
DELHI, LA 71232

Operator ID: 8718
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARVIN B WILLIAMS
POST OFFICE BOX 133
BOYCE, LA 71409

Operator ID: 8719
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROGER D WILLIAMS
6244 OUITMAN HWY
QUITMAN, LA 71268

Operator ID: 8985
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN E WILLIAMS
1600 OAKLAWN DRIVE
MONROE, LA 71202

Operator ID: 9011
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES T WILLIAMS
POST OFFICE BOX 1061
MINDEN, LA 71058-1061

Operator ID: 9315
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RICKY B WILLIAMS
12766 MIDDLEWOOD DRIVE
BAKER, LA 70714

Operator ID: 9752

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JESSE A WILLIAMSON
150 WOODMILL RD
HEFLIN, LA 71039

Operator ID: 31047

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

WATER PRODUCTION 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ERNEST E WILLIAMSON
440 CROSS PARK DR
APT 805
PEARL, MS 39208

Operator ID: 5432
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARVIN W WILLIAMSON
404 NEW NATCHITOCHES RD
WEST MONROE, LA 71292

Operator ID: 9012

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MATTHEW D WILLIE
16086 BRUHL RD
FOLSOM, LA 70437

Operator ID: 14266
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STANLEY J WILLIS, JR
141 HOOVER DRIVE #212
SLIDELL, LA 70461

Operator ID: 10804
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KENNETH L WILLIS
31811 NETTERVILLE RD
DENHAM SPRING, LA 70726

Operator ID: 12249
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

QUINCY J WILLIS
310 BELL NORTH DRIVE
LAFAYETTE, LA 70507

Operator ID: 6886
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CARL E WILLIS, JR
66 BOONER MILLER ROAD
DEVILLE, LA 71328

Operator ID: 7932

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN N WILLM
POST OFFICE BOX 2187
HAMMOND, LA 70404

Operator ID: 8489
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEVEN J WILMORE
231 SANDERS STREET
PINEVILLE, LA 71360

Operator ID: 11975

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BOBBY E WILSON
1501 FLAMINGO ST
GRETNA, LA 70056

Operator ID: 24006
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LYNN B WILSON
P O BOX 2345
ST FRANCISVILLE, LA 70775

Operator ID: 27246
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GREGORY D WILSON
756 AUSTIN PLACE
SHREVEPORT, LA 71101

Operator ID: 28292
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

NATHAN J WILSON
240 MASONIC DR
FARMERVILLE, LA 71241

Operator ID: 31051

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID J WILSON
140 COLONIAL HGTS RD.
RIVER RIDGE, LA 70123

Operator ID: 35392

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER PRODUCTION 1

20.00

WATER TREATMENT 4

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

J'OHNNIE S WILSON
22463 SHARP CHAPEL RD
BUSH, LA 70431

Operator ID: 38611
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RODNEY A WILSON
252 HOLLY GROVE RD
ANACOCO, LA 71403

Operator ID: 40475

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANN M WILSON
420 KINGS DR.
PINEVILLE, LA 71360

Operator ID: 4846
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES W WILSON, JR
36330 WALKER NORTH RD
WALKER, LA 70785

Operator ID: 4847
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ANTHONY WILSON
103 LEOPOLD SQUARE
LAFAYETTE, LA 70506

Operator ID: 5477
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TOM E WILSON
303 MERRILL DR
HOUMA, LA 70363

Operator ID: 5881
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES W WILSON
1201 HIGHWAY 167
LILLIE, LA 71256

Operator ID: 8225
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

LORI L WILSON
740 PLANER MILL RD
DERIDDER, LA 70634

Operator ID: 8851
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LARRY J WILSON
222 DUNLEITH DRIVE
DESTREHAN, LA 70047

Operator ID: 9385

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

EDWARD WILTZ
POST OFFICE BOX 453
KROTZ SPRINGS, LA 70750

Operator ID: 4850
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRYAN WIMBERLY
509 MARION PLACE
NATCHITOCHES, LA 71457

Operator ID: 6124
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WILLIAM R WIMMER
9814 MUSTANG CIRCLE
KEITHVILLE, LA 71047

Operator ID: 29646
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

FREIDA W WINCHESTER
295 POST OAK DRIVE
CORSICANA, TX 75110

Operator ID: 7934
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

TERRENCE L WINDERWEEDLE
149 WEST 78TH ST
SHREVEPORT, LA 71106

Operator ID: 38873
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MARTIN WINDHAM
221 WOODSON LANDING RD
DEVILLE, LA 71328

Operator ID: 35826
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BOBBY M WINDHAM
PO BOX 773
MANSFIELD, LA 71052

Operator ID: 4851
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JACQUELINE L WINEMILLER
62122 SYLVE RD
LACOMBE, LA 70445

Operator ID: 22606
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JUSTIN L WINFIELD
9212 OAKWOOD DRIVE
BASTROP, LA 71220

Operator ID: 11303
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONALD E WINFORD
1435 MANDEVILLE ST
NEW ORLEANS, LA 70117

Operator ID: 6742
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

GABRIEL A WINSTON
9121 BEECHWOOD DRIVE
BASTROP, LA 71220

Operator ID: 10063
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DON W WINSTON
1310 CRESCENT DR
MONROE, LA 71201

Operator ID: 4855
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



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SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CLAY R WINTERS
P.O. BOX 71
ANGOLA, LA 70712

Operator ID: 10353
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT A WISBY
2207 SOUTH STATE STREET
ABBEVILLE, LA 70510

Operator ID: 6484
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID A WITTNER
13486 RIVERLAKE DR.
COVINGTON, LA 70435

Operator ID: 4864

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ERIC T WOMACK
136 PONDROSA LN
RUSTON, LA 71270

Operator ID: 17786
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GLEN D WOMACK
PO BOX 653
HARRISONBURG, LA 71340

Operator ID: 4869
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JAMES H WOOD
17112 MARTY LOW RD
PRAIRIEVILLE, LA 70769

Operator ID: 13187
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JEFF C WOOD
1278 JAYCEE DR.
SLIDELL, LA 70460

Operator ID: 7144
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DEVON WOODALL
402 PINE GROVE
WEST MONROE, LA 71291

Operator ID: 4876
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RACHEL C WOODMAN
196 METAIRIE CT
METAIRIE, LA 70001

Operator ID: 38855
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CHARLES B WOODRUFF
1119 STANFORD AVE
BATON ROUGE, LA 70808

Operator ID: 4880
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEPHANIE L WOODS
P O BOX 27
ELTON, LA 70535

Operator ID: 11589

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

LICENSE TYPE

2014 - 2015 BIENNIAL FEE

WATER DISTRIBUTION 1

20.00

WATER PRODUCTION 1

10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MICHAEL W WOODS
2252 TEXAS ST
ARCADIA, LA 71001

Operator ID: 13286

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DEVON C WOODS
913 LAGARDE ST
THIBODAUX, LA 70301

Operator ID: 37085
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER TREATMENT 1	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GREG S WOODS
2316 ST BERNARD APT F
THIBODAUX, LA 70301

Operator ID: 38430
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

BENJAMIN D WOODS
2390 PINE BLUFF RD
RINGGOLD, LA 71068

Operator ID: 40922

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RASOOL S WOODS
7800YOUREE DR.
APT 1413
SHREVEPORT, LA 71105

Operator ID: 41942
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

KEVIN A WOODS
9777 W WHEATON CIR
NEW ORLEANS, LA 70127-2235

Operator ID: 4887
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

P M WOODS
P O BOX 93
ZWOLLE, LA 71486

Operator ID: 5537
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

CHAD C WOODS
2433 DOW ROAD
MANSFIELD, LA 71052

Operator ID: 6147

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEPHEN M WOODS
7767 HWY. 1 NORTH
BOYCE, LA 71409

Operator ID: 6874
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RONALD S WOOLEY
1185 STUBBS VINSON DR
MONROE, LA 71203

Operator ID: 40544
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

ROBERT W WOOLWINE
1603 SABRINA COURT
NEW IBERIA, LA 70563

Operator ID: 4893
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

CALVIN E WORTHAM
2021 BEECH ST
ARCADIA, LA 71001

Operator ID: 5955
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

RONALD J WORTMANN, SR
14828 SOUTH LITTLE WOODS
NEW ORLEANS, LA 70128

Operator ID: 4895
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

GREGORY T WRIGHT
2225 BAYOU PAUL LANE
ST GABRIEL, LA 70776

Operator ID: 37370
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DION E WRIGHT
1537 EAGLE DR
THIBODAUX, LA 70301

Operator ID: 42489
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 2	20.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOHNNIE WRIGHT
POST OFFICE BOX 474
BENTON, LA 71006

Operator ID: 4898

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

NATHAN WRIGHT
POST OFFICE BOX 103
ERWINVILLE, LA 70729

Operator ID: 7744
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JOHNNIE WYATT
5623 BLUEBONNET STREET
ALEXANDRIA, LA 71303

Operator ID: 11514

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

RANDY G WYCOFF
321 SPLANE RD
WEST MONROE, LA 71291

Operator ID: 12861
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MITCHELL L YEAGER
P.O. BOX 1345
MARKSVILLE, LA 71351

Operator ID: 31054
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DAVID W YEATES
PO BOX 428
BLANCHARD, LA 71009

Operator ID: 4904
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 3	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

ELLIS H YELEY
132 P. LACAZE ROAD
PITKIN, LA 70656

Operator ID: 10346

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHN R YENT
3528 HWY 1046
AMITE, LA 70422

Operator ID: 12188
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

VANESSA R YORK
10009 STANDARD OIL RD
RODESSA, LA 71069

Operator ID: 25946

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOSEPH O YOUNG
305 FAILLA ROAD
LAFAYETTE, LA 70508

Operator ID: 10535
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

DONNA B YOUNG
POST OFFICE BOX 1316
JACKSON, LA 70748

Operator ID: 10807

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

VICKI M YOUNG
59145 N PEARL DR
SLIDELL, LA 70461

Operator ID: 37507
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

KERMIT C YOUNG
2939 LAKEHURST AVENUE
SHREVEPORT, LA 71108

Operator ID: 37973
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

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"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

MARK A YOUNG
5718 GULF BEACH HWY
CAMERON, LA 70631

Operator ID: 4909

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

STUART B YOUNG
340 NORTH 7TH ST
EUNICE, LA 70535

Operator ID: 4912
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRADLEY D YOUNG
POST OFFICE BOX 1491
AMELIA, LA 70340

Operator ID: 4915
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

WALTER C YOUNG
720 LODGE STREET
HOMER, LA 71040

Operator ID: 7624
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

JOHNNIE R YOUNGBLOOD
2535 TRICOU STREET
NEW ORLEANS, LA 70117

Operator ID: 35396
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 4	20.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

STEPHEN G YOUNGS
702 LAKE VILLAGE COURT
SLIDELL, LA 70461

Operator ID: 38631

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

BRANDON E YOUNSE
196 HWY 145
DAWNSVILLE, LA 71234

Operator ID: 22386
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MUHAMMAD Z YUNGAI
7001 BUNDY ROAD #Y-11
NEW ORLEANS, LA 70127

Operator ID: 41408
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

Date Due : April 30, 2014

Total Due: 20.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

MATTHEW J ZACHERY
1618 AUSTIN ST
OPELOUSAS, LA 70570

Operator ID: 39336
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

SHANE P ZAGAR
PO BOX 634
BROUSSARD, LA 70518

Operator ID: 28360

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

DUSTIN M ZERINGUE
118 CHAMPANGE LN
AMA, LA 70031

Operator ID: 22346
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 30, 2014

Total Due: 40.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

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Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services
INVOICE

TOMMY M ZERINGUE
604 COULON RD
THIBODAUX, LA 70301

Operator ID: 37073
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

JAMES J ZERINGUE
406 N MAGNOLIA ST
GRAMERCY, LA 70052-3640

Operator ID: 4931

Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 1	10.00

Date Due : April 30, 2014

Total Due: 60.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____

Address: _____ Parish: _____

Home Phone: () _____ Work Phone: () _____

Birth Date: _____ SSN: _____

E-mail: _____

Current Employer: _____

Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services

INVOICE

LAWRENCE P ZERINGUE
619 AQUARIUS DRIVE
HAHNVILLE, LA 70057

Operator ID: 8725
Date: 9/30/2014

This is your 2014 / 2015 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

Please be sure to include your email address below.

<u>LICENSE TYPE</u>	<u>2014 - 2015 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

Date Due : April 30, 2014

Total Due: 30.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

DO NOT CUT

Name: _____
Address: _____ Parish: _____
Home Phone: () _____ Work Phone: () _____
Birth Date: _____ SSN: _____
E-mail: _____
Current Employer: _____
Employment Address: _____

Return this form and check or money order payable to:

"Committee of Certification"